| Fill in this information to identify your case: | | |
|---|-------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| DISTRICT OF PUERTO RICO | - | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ■ Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself | | |
|----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued | EDGAR First name | SUJELIZ First name |
| | picture identification (for example, your driver's license or passport). | J. | |
| | , | Middle name | Middle name |
| | Bring your picture identification to your | LOPEZ CORDERO | ROSA FERNANDEZ |
| | meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names and any assumed, trade names and doing business as names. | EDGAR JOEL LOPEZ CORDERO EDGAR LOPEZ CORDERO EDGAR J. LOPEZ | SUJELIZ ROSA |
| | Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-4696 | xxx-xx-9299 |

Official Form 101

| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|---|--|---|--|--|
| Your Employer Identification Number (EIN), if any. | EIN | EIN | | |
| Where you live | BO. CEIBA NORTE CARR. 30 R935 KM 2.5 | If Debtor 2 lives at a different address: | | |
| | JUNCOS, PR 00777 Number, Street, City, State & ZIP Code JUNCOS | Number, Street, City, State & ZIP Code | | |
| | County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. 10 CALLE ALONDRA 62 SAN LORENZO, PR 00754 | County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | Identification Number (EIN), if any. Where you live Why you are choosing this district to file for | Where you live BO. CEIBA NORTE CARR. 30 R935 KM 2.5 JUNCOS, PR 00777 Number, Street, City, State & ZIP Code JUNCOS County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. 10 CALLE ALONDRA 62 SAN LORENZO, PR 00754 Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing this district to file for bankruptcy Check one: Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. | | |

| | otor 1 otor 2 | EDGAR J. LOPEZ SUJELIZ ROSA FE | | - | | | Case number (if known) | | | |
|-----|---|---|---|--|--|--|--|-------------------------------------|--|--|
| | | | | | | | | | | |
| Par | rt 2: | Tell the Court About | Your Bankı | uptcy Cas | e | | | | | |
| 7. | | chapter of the cruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | |
| | choosing to file under | | ☐ Chapte | ☐ Chapter 7 | | | | | | |
| | | | ☐ Chapte | ☐ Chapter 11 | | | | | | |
| | | | ☐ Chapte | er 12 | | | | | | |
| | | | ■ Chapt | er 13 | | | | | | |
| 8. | How | you will pay the fee | abo orde | will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details bout how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money rder. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with pre-printed address. | | | | | | |
| | | | | | ments. If you choose this op Official Form 103A). | otion, sign and attach the Application for Indivi | duals to Pay | | | |
| | | | ☐ I red | quest that is not requi lies to your | my fee be waive fred to, waive you family size and | ed (You may request this op ur fee, and may do so only if you are unable to pay the fe | tion only if you are filing for Chapter 7. By law, your income is less than 150% of the official pe in installments). If you choose this option, yo fficial Form 103B) and file it with your petition. | overty line that u must fill out | | |
| 9. | Have you filed for | | | | | | | | | |
| ٥. | bank | Have you filed for bankruptcy within the | ■ No. | | | | | | | |
| | last | 8 years? | ☐ Yes. | D: | | 14 /1 | | | | |
| | | | | District | | When | Case number | | | |
| | | | | District District | | When When | Case number Case number | | | |
| | | | | DISTRICT | | wrier | Case number | | | |
| 10. | Are any bankruptcy cases pending or being | | ■ No | | | | | | | |
| | filed not f you, | by a spouse who is iling this case with or by a business ner, or by an | ☐ Yes. | | | | | | | |
| | | | | Debtor | | | Relationship to you | | | |
| | | | | District | | When | Case number, if known | | | |
| | | | | Debtor | | | Relationship to you | | | |
| | | | | District | | When | Case number, if known | | | |
| 11. | | ou rent your | □ No. | Go to lin | e 12. | | | | | |
| | resid | lence? | Yes. | Has you | r landlord obtain | ed an eviction judgment aga | inst you? | | | |

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

No. Go to line 12.

bankruptcy petition.

| | otor 2 EDGAR J. LOPEZ SUJELIZ ROSA F | | _ | | Case number (if known) | |
|---|---|---------------------|-----------------------------|--|--|-----|
| Par | t 3: Report About Any Bu | ısinesses | You Owr | as a Sole Propriet | or | |
| 12. Are you a sole proprietor of any full- or part-time business? | | ■ No. Go to Part 4. | | | | |
| | | ☐ Yes. | Name | and location of bus | iness | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | of business, if any | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | er, Street, City, Stat | e & ZIP Code | |
| | it to this petition. | | Chec | k the appropriate box | x to describe your business: | |
| | | | | Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | |
| | | | | Stockbroker (as de | efined in 11 U.S.C. § 101(53A)) | |
| | | | | Commodity Broke | r (as defined in 11 U.S.C. § 101(6)) | |
| | | | | None of the above | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor? | deadline | s. If you ir ns, cash-fl | dicate that you are a ow statement, and fe | court must know whether you are a small business debtor so that it can set appropria a small business debtor, you must attach your most recent balance sheet, statement ederal income tax return or if any of these documents do not exist, follow the procedu | of |
| | For a definition of small business debtor, see 11 | No. | I am r | ot filing under Chap | ter 11. | |
| | U.S.C. § 101(51D). | □ No. | l am f Code | | 11, but I am NOT a small business debtor according to the definition in the Bankrupto | у |
| | | ☐ Yes. | | | 11, I am a small business debtor according to the definition in the Bankruptcy Code, a d under Subchapter V of Chapter 11. | and |
| | | ☐ Yes. | | | 11, I am a small business debtor according to the definition in the Bankruptcy Code, a r Subchapter V of Chapter 11. | and |
| Par | Report if You Own or | Have Any | / Hazardo | ous Property or Any | y Property That Needs Immediate Attention | |
| 14. | Do you own or have any property that poses or is alleged to pose a threat of imminute and the | ■ No. | What is | the hazard? | | |
| | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | | | liate attention is why is it needed? | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | | |
| | • | | | | Number, Street, City, State & Zip Code | |
| | | | | | | |

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| | tor 1 EDGAR J. LOPEZ tor 2 SUJELIZ ROSA FI | | | Case numb | er (if known) | | |
|------|---|--------------------|--|---|--|--|--|
| Part | 6: Answer These Quest | ions for R | eporting Purposes | | | | |
| 16. | What kind of debts do you have? | 16a. | | ily consumer debts? Consumer debts are def personal, family, or household purpose." | ined in 11 U.S.C. § 101(8) as "incurred by an | | |
| | , | | ☐ No. Go to line 16b. | F | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16b. | | ily business debts? Business debts are debts investment or through the operation of the bus | | | |
| | | | ☐ No. Go to line 16c. | | | | |
| | | | ☐ Yes. Go to line 17. | | | | |
| | | 16c. | State the type of debts y | ou owe that are not consumer debts or busine | ss debts | | |
| 17. | Are you filing under Chapter 7? | ■ No. | I am not filing under Cha | apter 7. Go to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will | ☐ Yes. | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expeare paid that funds will be available to distribute to unsecured creditors? | | | | |
| | | | □ No | | | | |
| | be available for distribution to unsecured creditors? | | ☐ Yes | | | | |
| 18. | How many Creditors do | ■ 1-49 | | □ 1,000-5,000 | □ 25,001-50,000 | | |
| | you estimate that you owe? | ☐ 50-99 |) | <u> </u> | <u> 50,001-100,000</u> | | |
| | owe: | ☐ 100-1 ☐ 200-9 | | □ 10,001-25,000 | ☐ More than100,000 | | |
| 19. | How much do you | \$ 0 - \$ | S50 000 | □ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | |
| | estimate your assets to be worth? | □ \$50,0 | 001 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | | |
| | | | ,001 - \$500,000 | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | |
| | | □ \$500, | ,001 - \$1 million | iviole than \$50 billion | | | |
| 20. | | □ \$0 - \$ | \$50,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | |
| | estimate your liabilities to be? | | 001 - \$100,000 | □ \$10,000,001 - \$50 million | \$1,000,000,001 - \$10 billion | | |
| | | | ,001 - \$500,000 | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion | | |
| | | □ \$500, | ,001 - \$1 million | — \$100,000,001 - \$300 Hillion | - Wore than 450 billion | | |
| Part | 7: Sign Below | | | | | | |
| For | you | I have ex | xamined this petition, and | I declare under penalty of perjury that the infor | mation provided is true and correct. | | |
| | | | | oter 7, I am aware that I may proceed, if eligible the relief available under each chapter, and I c | | | |
| | | | | did not pay or agree to pay someone who is not the notice required by 11 U.S.C. § 342(b). | ot an attorney to help me fill out this | | |

EDGAR J. LOPEZ CORDERO Signature of Debtor 1

/s/ EDGAR J. LOPEZ CORDERO

/s/ SUJELIZ ROSA FERNANDEZ
SUJELIZ ROSA FERNANDEZ

Signature of Debtor 2

Executed on June 30, 2025 MM / DD / YYYY

and 3571.

Executed on June 30, 2025

MM / DD / YYYY

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,

| | | - | |
|----------|------------------------|------------------------|--|
| Debtor 2 | SUJELIZ ROSA FERNANDEZ | Case number (if known) | |
| Debtor 1 | EDGAR J. LOPEZ CORDERO | | |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ CPA ANGEL M. EGOZCUE, ESQ. | Date | June 30, 2025 |
|--|---------------|------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| CPA ANGEL M. EGOZCUE, ESQ. | | |
| Printed name | | |
| USDC-PR 205608 | | |
| Firm name | | |
| PO BOX 366087 | | |
| SAN JUAN, PR 00936 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (787)781-5635 | Email address | angelegozcue@yahoo.com |
| USDC-PR 205608 PR | | |
| Bar number & State | | |

| Fill | I in this information to identify y | your case: | | | |
|--------|--|--|--|-------------|-------------------------------|
| Deb | btor 1 EDGAR J. LC | PEZ CORDERO Middle Name | Last Name | | |
| Deb | | SA FERNANDEZ | East Name | | |
| (Spo | ouse if, filing) First Name | Middle Name | Last Name | | |
| Uni | ited States Bankruptcy Court for t | the: DISTRICT OF PUERTO R | RICO | | |
| | se number | | | | |
| (if kn | nown) | | | _ | k if this is an ded filing |
| | | | | amen | ded illing |
| ∩f | fficial Form 1069un | • | | | |
| | fficial Form 106Sun | _ | l Certain Statistical Information | | 12/15 |
| Be a | as complete and accurate as po ormation. Fill out all of your sch | ossible. If two married people a | re filing together, both are equally responsible for information on this form. If you are filing amend | or supplyi | ng correct |
| Par | rt 1: Summarize Your Assets | | | | |
| | | | | Your a | ssets of what you own |
| 1. | Schedule A/B: Property (Office | | | ¢ | 0.00 |
| | | | | Ψ | 0.00 |
| | 1b. Copy line 62, Total persona | ıl property, from Schedule A/B | | \$ | 17,988.00 |
| | 1c. Copy line 63, Total of all pro | operty on Schedule A/B | | \$ | 17,988.00 |
| Par | rt 2: Summarize Your Liabilit | ies | | | |
| | | | | | abilities It you owe |
| 2. | | ve Claims Secured by Property (C Column A, <i>Amount of claim,</i> at the | Official Form 106D) e bottom of the last page of Part 1 of Schedule D | \$ | 18,423.86 |
| 3. | | Have Unsecured Claims (Official F Part 1 (priority unsecured claims) | Form 106E/F) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from | Part 2 (nonpriority unsecured clai | ms) from line 6j of Schedule E/F | \$ | 47,766.41 |
| | | | Your total liabilities | \$ | 66,190.27 |
| Par | rt 3: Summarize Your Income | and Expenses | | | |
| 4. | Schedule I: Your Income (Office Copy your combined monthly in | | | \$ | 2,856.72 |
| 5. | Schedule J: Your Expenses (O Copy your monthly expenses fr | | | \$ | 2,391.72 |
| Par | rt 4: Answer These Question | s for Administrative and Statist | ical Records | | |
| 6. | Are you filing for bankruptcy ☐ No. You have nothing to re | - · · · · · · · · · · · · · · · · · · · | eck this box and submit this form to the court with yo | ur other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have | <i>v</i> e? | | | |
| | ■ Your debts are primarily | consumer debts. Consumer de | bts are those "incurred by an individual primarily for | a personal | . family, or |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,798.32

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total clair | n |
|--|-------------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 3,347.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 3,347.00 |

| Fill in this infor | mation to identify your | case and this filing: | | | |
|---|---|--|---------------------------------|--|--|
| Debtor 1 | EDGAR J. LOPE | Z CORDERO | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) | SUJELIZ ROSA I | FERNANDEZ Middle Name | Last Name | | |
| | | | Lastivanie | | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF PUERTO RICO | | | |
| Case number | | | _ | | ☐ Check if this is an amended filing |
| | | | | | g |
| Official Fo | rm 106A/B | | | | |
| Schedul | le A/B: Prop | erty | | | 12/15 |
| think it fits best. E | Be as complete and accurate space is needed, attach | pe items. List an asset only once. If a ate as possible. If two married people a separate sheet to this form. On th | e are filing together, both are | e equally responsible for su | pplying correct |
| Part 1: Describe | Each Residence, Buildin | g, Land, or Other Real Estate You Ow | vn or Have an Interest In | | |
| 1. Do you own or | have any legal or equitable | e interest in any residence, building, | land, or similar property? | | |
| ■ No. Go to Pa | rt 2. | | | | |
| ☐ Yes. Where | is the property? | | | | |
| | | | | | |
| Part 2: Describe | Your Vehicles | | | | |
| | • | ele, also report it on Schedule G: E. tility vehicles, motorcycles | | | |
| 3.1 Make: | KIA | Who has an interest in th | e property? Check one | Do not deduct secured cl | |
| Model: | RIO | Debtor 1 only | o property r oncontone | the amount of any secure Creditors Who Have Clair | |
| _ | 2022 | Debtor 2 only | | | , , , |
| - Approxima | te mileage: | Debtor 1 and Debtor 2 of | only | Current value of the entire property? | Current value of the portion you own? |
| Other infor | mation: | At least one of the debt | • | | |
| | | Check if this is committee (see instructions) | unity property | \$14,438.00 | \$14,438.00 |
| Examples: Boa No Yes S Add the dolla pages you h Part 3: Describe | ats, trailers, motors, pers ar value of the portion ave attached for Part 2 | NTVs and other recreational vehiconal watercraft, fishing vessels, snown you own for all of your entries from the water that number here | owmobiles, motorcycle ac | entries for | \$14,438.00 Current value of the portion you own? |
| | | | | į | Do not deduct secured claims or exemptions. |

| Debto Debto | | | OPEZ CORDERO SA FERNANDEZ | Case r | number (if known) | |
|----------------|---------------------|---|--|---|-------------------|---------------------------------|
| Ex | kample No | | urnishings aces, furniture, linens, china, kitchen | ware | | |
| • | Yes. | Describe | | | | |
| | | | APPLIANCES (\$610), FURNI | TURE (\$1,050) | | \$1,660.00 |
| | kample No | es: Televisions a | nd radios; audio, video, stereo, and phones, cameras, media players, g | digital equipment; computers, printers, s ames | canners; music c | collections; electronic devices |
| _ | 163. | Describe | EL ECTRONICO | | | ¢420.00 |
| | | | ELECTRONICS | | | \$130.00 |
| Ex | kample No | | figurines; paintings, prints, or other ons, memorabilia, collectibles | artwork; books, pictures, or other art obje | ects; stamp, coin | , or baseball card collections; |
| Ex | kample No | ent for sports and est Sports, photo musical instru | graphic, exercise, and other hobby | equipment; bicycles, pool tables, golf clu | bs, skis; canoes | and kayaks; carpentry tools; |
| _ | E <i>xamp</i> No | | s, shotguns, ammunition, and related | d equipment | | |
| | E <i>xamp</i> No | | othes, furs, leather coats, designer v | vear, shoes, accessories | | |
| _ | 163. | Describe | CLOTHING | | | \$200.00 |
| | Examp No | | welry, costume jewelry, engagemen | t rings, wedding rings, heirloom jewelry, | watches, gems, (| gold, silver \$400.00 |
| E | E <i>xamp</i> No | m animals les: Dogs, cats, | | | | |
| 14. A ı | ny oth No | ner personal an | | eady list, including any health aids yo | ou did not list | |
| Ц | Yes. | Give specific inf | ormation | | | |
| | | | of all of your entries from Part 3, i | ncluding any entries for pages you ha | ve attached | \$2,390.00 |

Official Form 106A/B Schedule A/B: Property page 2

| Debto | | EDGAR J. LO SUJELIZ RO | | | Case number (if know | m) |
|---------|------------------------|---------------------------------------|------------------------------------|--|---|--|
| | | | | | | |
| Part 4 | | scribe Your Finan In or have any l | | s quitable interest in a | ny of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | Examp No | | · | our wallet, in your hom | ne, in a safe deposit box, and on hand when you file your pe | tition |
| Ε | Examp | | | | nts; certificates of deposit; shares in credit unions, brokeraç vith the same institution, list each. | ge houses, and other similar |
| | No Yes | | | | Institution name: | |
| | 100 | | 17.1. | CHECKING & SAVINGS ACCOUNT | BANCO POPULAR DE PR | \$400.00 |
| | | | 17.2. | CHECKING ACCOUNT | BANCO POPULAR DE PR | \$0.00 |
| je E | oint v No | enture | ormation | interests in incorpor about them | ated and unincorporated businesses, including an inter % of ownership: | est in an LLC, partnership, and |
| ^ | Negoti Non-ne No | able instruments | orate bor include p ents are | nds and other negoti personal checks, cashi those you cannot trans | able and non-negotiable instruments iers' checks, promissory notes, and money orders. Sefer to someone by signing or delivering them. | |
| E | E <i>xamp</i> No | nent or pension les: Interests in l | account IRA, ERIS | es SA, Keogh, 401(k), 403 | 3(b), thrift savings accounts, or other pension or profit-shari | ng plans |
| _ | 100. | List caon accoun | | of account: | Institution name: | |
| Y _E | our s | | d deposit | s you have made so t | hat you may continue service or use from a company ublic utilities (electric, gas, water), telecommunications com | panies, or others |
| | | | | | Institution name or individual: | |
| | | | | | ELECTRICITY (\$150), WATER (\$60) | \$210.00 |
| | | | | | RENT DEPOSIT | \$550.00 |
| | nnuit No | ies (A contract fo | or a perio | dic payment of money | to you, either for life or for a number of years) | |

Official Form 106A/B Schedule A/B: Property page 3

| | ebtor 1 ebtor 2 | | LOPEZ CORDERO ROSA FERNANDEZ | | Case number | · (if known) | |
|----|--------------------|----------------------|--|--|--|----------------------|--|
| | ☐ Yes | | Issuer name and desc | ription. | | | |
| 24 | | c. §§ 530(b)(1 | l), 529A(b), and 529(b) | (1). | ogram, or under a qualified state to the records of any interests.11 U.S.C | | |
| 25 | ■ No | • | future interests in printering information about them | | ng listed in line 1), and rights or po | owers exercisable | e for your benefit |
| 26 | Exampl ■ No | es: Internet d | | ecrets, and other intellections, proceeds from royalties and an arrangement of the control of th | | | |
| 27 | Exampl ■ No | les: Building p | s, and other general in permits, exclusive licent information about them | ses, cooperative associatio | n holdings, liquor licenses, professio | onal licenses | |
| M | oney or p | roperty owe | ed to you? | | | po Do | ortion you own? o not deduct secured aims or exemptions. |
| 28 | ■ No | unds owed to | | , including whether you alre | eady filed the returns and the tax yea | ars | |
| 29 | ■ No | les: Past due | or lump sum alimony, | spousal support, child supp | ort, maintenance, divorce settlemen | it, property settlem | ent |
| 30 | Example ■ No | <i>les:</i> Unpaid w | unpaid loans you made | | efits, sick pay, vacation pay, worke | rs' compensation, | Social Security |
| 31 | Exampl ■ No | | isability, or life insurand | | (HSA); credit, homeowner's, or rente | er's insurance | |
| | ☐ Yes. N | lame the insu | urance company of eac Company nam | h policy and list its value. e: | Beneficiary: | | Surrender or refund alue: |
| 32 | If you a someor | | ciary of a living trust, ex | rom someone who has di pect proceeds from a life ir | ed surance policy, or are currently enti | tled to receive prop | perty because |
| 33 | Exampl ■ No | - | s, employment disputes | not you have filed a lawsus, insurance claims, or right | it or made a demand for payment s to sue | | |
| 34 | | | | s of every nature, including | g counterclaims of the debtor and | d rights to set off | claims |

Official Form 106A/B Schedule A/B: Property page 4

| Debtor 1 Debtor 2 | EDGAR J. LOPEZ CORDERO SUJELIZ ROSA FERNANDEZ | | Case number (if known) | |
|----------------------|---|----------------------------|---------------------------|------------------------|
| ☐ Yes | s. Describe each claim | | | |
| 35. Any f | inancial assets you did not already list | | | |
| ■ No | | | | |
| ☐ Yes | s. Give specific information | | | |
| | I the dollar value of all of your entries from Part 4, includin Part 4. Write that number here | | , | \$1,160.00 |
| Part 5: D | Describe Any Business-Related Property You Own or Have an Inter | est In. List any real esta | ate in Part 1. | |
| 37. Do yo u | u own or have any legal or equitable interest in any business-relate | ed property? | | |
| No. 0 | Go to Part 6. | | | |
| ☐ Yes. | Go to line 38. | | | |
| | Describe Any Farm- and Commercial Fishing-Related Property You i you own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In. | |
| 46. Do yo | ou own or have any legal or equitable interest in any farm- | or commercial fishir | ng-related property? | |
| ■ No | o. Go to Part 7. | | | |
| ☐ Ye | es. Go to line 47. | | | |
| | | | | |
| Part 7: | Describe All Property You Own or Have an Interest in That You | u Did Not List Above | | |
| 53. Do yo | ou have other property of any kind you did not already list | ? | | |
| | mples: Season tickets, country club membership | | | |
| ■ No | | | | |
| ☐ Yes | s. Give specific information | | | |
| 54. Add | I the dollar value of all of your entries from Part 7. Write th | at number here | | \$0.00 |
| | · | | L | |
| Part 8: | List the Totals of Each Part of this Form | | | |
| 55. Part | t 1: Total real estate, line 2 | | | \$0.00 |
| | t 2: Total vehicles, line 5 | \$14,438.00 | | |
| 57. Part | t 3: Total personal and household items, line 15 | \$2,390.00 | | |
| 58. Part | t 4: Total financial assets, line 36 | \$1,160.00 | | |
| 59. Part | t 5: Total business-related property, line 45 | \$0.00 | | |
| 60. Part | t 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. Part | t 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. Tota | al personal property. Add lines 56 through 61 | \$17,988.00 | Copy personal property to | tal \$17,988.00 |
| 63. Tota | al of all property on Schedule A/B. Add line 55 + line 62 | | | \$17,988.00 |

Official Form 106A/B Schedule A/B: Property page 5

| Fill | I in this inform | nation to identify your | case: | | |
|---|--|--|--|--|---|
| De | btor 1 | EDGAR J. LOPEZ | CORDERO | | |
| | | First Name | Middle Name | Last Name | _ |
| 1 | btor 2 | SUJELIZ ROSA F | | | _ |
| (Spo | ouse if, filing) | First Name | Middle Name | Last Name | |
| Un | ited States Bar | nkruptcy Court for the: | DISTRICT OF PUERTO R | ICO | _ |
| Ca | se number | | | | |
| | nown) | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Be a the nee cas For spe any fun- exe to t | as complete an property you listed, fill out and enumber (if known as a complete and the control of the control | nd accurate as possible. sted on <i>Schedule A/B: F</i> d attach to this page as nown). property you claim as nount as exempt. Alter atutory limit. Some exentimited in dollar amount statutory amount. | If two married people are filing property (Official Form 106A/many copies of Part 2: Additional Additional Property (Official Form 106A/many copies of Part 2: Additional Part 2: Additional Part 3: Additional Part 4: Additi | B) as your source, list the property that ional Page as necessary. On the top of the amount of the exemption you class full fair market value of the property or health aids, rights to receive certain exemption of 100% of fair market | im. One way of doing so is to state a being exempted up to the amount of in benefits, and tax-exempt retirement |
| | | y the Property You Cla | • | | |
| 1. | Which set of | exemptions are you cl | laiming? Check one only, ev | ven if your spouse is filing with you. | |
| | ☐ You are cla | aiming state and federal | nonbankruptcy exemptions. | 11 U.S.C. § 522(b)(3) | |
| | You are cla | aiming federal exemption | ns. 11 U.S.C. § 522(b)(2) | | |
| 2. | For any prop | erty you list on Sched | ule A/B that you claim as e | xempt, fill in the information below. | |
| | | on of the property and line | e on Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
| | | | Copy the value from | Check only one hoy for each exemption | |

ELECTRONICS \$130.00 \$130.00 Line from Schedule A/B: 7.1

Schedule A/B

\$1,660.00

\$200.00

\$400.00

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

\$1,660.00

\$200.00 100% of fair market value, up to

any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

CHECKING & SAVINGS ACCOUNT: \$400.00

100% of fair market value, up to any applicable statutory limit

\$400.00

\$400.00

Official Form 106C

11 U.S.C. § 522(d)(3)

11 U.S.C. § 522(d)(3)

11 U.S.C. § 522(d)(3)

11 U.S.C. § 522(d)(4)

11 U.S.C. § 522(d)(5)

APPLIANCES (\$610), FURNITURE

Line from Schedule A/B: 6.1

Line from Schedule A/B: 11.1

Line from Schedule A/B: 12.1

BANCO POPULAR DE PR Line from Schedule A/B: 17.1

CLOTHING

JEWELRY

| | ebtor 2 SUJELIZ ROSA FERNANDEZ | | | Case number (if known) | | |
|----|--|--|--------|---|------------------------------------|--|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own | | | Specific laws that allow exemption | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| | ELECTRICITY (\$150), WATER (\$60) Line from Schedule A/B: 22.1 | \$210.00 | | \$210.00 | 11 U.S.C. § 522(d)(5) | |
| | LITE HOLL SCHEUUR PAB. 22.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | RENT DEPOSIT Line from Schedule A/B: 22.2 | \$550.00 | | \$550.00 | 11 U.S.C. § 522(d)(5) | |
| | Line Holli Golleddie AVD. 22.2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/28 and every 3 | | | led on or after the date of adjustmer | nt.) | |
| | Yes. Did you acquire the property covere | ed by the exemption wi | thin 1 | ,215 days before you filed this case | ? | |
| | □ No | | | | | |

☐ Yes

| | n this information to ide | entiry your c | ase: | | | | |
|-------------------------------|--|--|--|---|--|--|-----------------------------------|
| Deb | | J. LOPEZ | | | | _ | |
| | First Name | | Middle Name | Last Name | | | |
| | tor 2 SUJELIZ se if, filing) First Name | Z ROSA FE | RNANDEZ Middle Name | Last Name | | - | |
| | ed States Bankruptcy Cou | ırt for the | DISTRICT OF PUERTO RICC | | | | |
| 01111 | ou oluloo buriili uploy ooc | | | <u> </u> | | - | |
| | e number | | | | | | |
| (if kno | own) | | | | | _ | if this is an |
| | | | | | | amend | ded filing |
| ∩ffi | cial Form 106D | | | | | | |
| | | | // | 6 | | | |
| <u> 50</u> | nedule D: Cred | v snotic | Vho Have Claims | Secured | by Propert | <u>y</u> | 12/15 |
| is ne | | | o married people are filing toget number the entries, and attach it | | | | |
| 1. Do | any creditors have claims s | secured by yo | ur property? | | | | |
| | ☐ No. Check this box and | d submit this | form to the court with your othe | r schedules. Yo | ou have nothing else t | to report on this form. | |
| | Yes. Fill in all of the infe | ormation belo | OW. | | | | |
| Pari | 1: List All Secured C | | | | | | |
| | | iaime | | | | | |
| | | | a them one accurred plains list the or | aditor concretely | Column A | Column B | Column C |
| 2. Li for e | st all secured claims. If a creach claim. If more than one co | editor has more | e than one secured claim, list the cr articular claim, list the other credito order according to the creditor's nar | rs in Part 2. As ´ | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2. Li for e | st all secured claims. If a creach claim. If more than one co | editor has more creditor has a p n alphabetical o | articular claim, list the other credito | rs in Part 2. As ne. | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| 2. Li for e mucl | st all secured claims. If a creach claim. If more than one con as possible, list the claims in | editor has more creditor has a p n alphabetical o | articular claim, list the other credito order according to the creditor's nar | rs in Part 2. As ne. | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2. Li for e mucl | st all secured claims. If a creach claim. If more than one can as possible, list the claims in ORIENTAL BANK Creditor's Name | editor has more creditor has a p n alphabetical of Do 20 | particular claim, list the other creditor order according to the creditor's nar escribe the property that secures 022 KIA RIO | rs in Part 2. As ne. the claim: | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2. Li for e mucl | st all secured claims. If a creach claim. If more than one con as possible, list the claims in ORIENTAL BANK | editor has morre creditor has a por alphabetical of the control of | particular claim, list the other credito order according to the creditor's nar escribe the property that secures 022 KIA RIO s of the date you file, the claim is: | rs in Part 2. As ne. the claim: | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2. Li for e mucl | st all secured claims. If a creach claim. If more than one can as possible, list the claims in ORIENTAL BANK Creditor's Name PO BOX 195115 | editor has more preditor has a property of the | particular claim, list the other credito order according to the creditor's narescribe the property that secures 022 KIA RIO s of the date you file, the claim is: ply. Contingent | rs in Part 2. As ne. the claim: | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2. Li for e mucl | st all secured claims. If a creach claim. If more than one of as possible, list the claims in ORIENTAL BANK Creditor's Name PO BOX 195115 SAN JUAN, PR 0091 | editor has more preditor has a property of the | particular claim, list the other credito order according to the creditor's nar escribe the property that secures 022 KIA RIO s of the date you file, the claim is: | rs in Part 2. As ne. the claim: | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2. Li for e mucl 2.1 | st all secured claims. If a creach claim. If more than one of as possible, list the claims in ORIENTAL BANK Creditor's Name PO BOX 195115 SAN JUAN, PR 0091 | editor has more reditor has a property of the | particular claim, list the other creditor order according to the creditor's narescribe the property that secures 022 KIA RIO s of the date you file, the claim is: ply. Contingent Unliquidated | rs in Part 2. As ne. the claim: | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2. Li for e mucl 2.1 | st all secured claims. If a creach claim. If more than one con as possible, list the claims in ORIENTAL BANK Creditor's Name PO BOX 195115 SAN JUAN, PR 0091 Number, Street, City, State & Zip | editor has more preditor has a property of the | particular claim, list the other credito order according to the creditor's nare escribe the property that secures 022 KIA RIO s of the date you file, the claim is: ply. Contingent Unliquidated Disputed ature of lien. Check all that apply. An agreement you made (such as | rs in Part 2. As ne. the claim: | Amount of claim Do not deduct the value of collateral. \$18,423.86 | Value of collateral that supports this claim | Unsecured portion If any |
| 2. Li for e mucl | st all secured claims. If a creach claim. If more than one can as possible, list the claims in ORIENTAL BANK Creditor's Name PO BOX 195115 SAN JUAN, PR 0091 Number, Street, City, State & Zip | editor has more preditor has a property of the | particular claim, list the other credito order according to the creditor's narescribe the property that secures 022 KIA RIO s of the date you file, the claim is ply. Contingent Unliquidated Disputed ature of lien. Check all that apply. | rs in Part 2. As ne. the claim: | Amount of claim Do not deduct the value of collateral. \$18,423.86 | Value of collateral that supports this claim | Unsecured portion If any |
| 2. Li for e mucl | st all secured claims. If a creach claim. If more than one can as possible, list the claims in ORIENTAL BANK Creditor's Name PO BOX 195115 SAN JUAN, PR 0091 Number, Street, City, State & Zip owes the debt? Check one obtor 1 only | editor has more preditor has a property of alphabetical of alp | particular claim, list the other credito order according to the creditor's nare escribe the property that secures 022 KIA RIO s of the date you file, the claim is: ply. Contingent Unliquidated Disputed ature of lien. Check all that apply. An agreement you made (such as | rs in Part 2. As ne. the claim: Check all that | Amount of claim Do not deduct the value of collateral. \$18,423.86 | Value of collateral that supports this claim | Unsecured portion If any |
| 2. Li for e mucl | et all secured claims. If a creach claim. If more than one can as possible, list the claims in a spossible, list the claims in ORIENTAL BANK Creditor's Name PO BOX 195115 SAN JUAN, PR 0091 Number, Street, City, State & Zip owes the debt? Check one ebtor 1 only ebtor 2 only | editor has more reditor has a properties of the | particular claim, list the other credito order according to the creditor's narescribe the property that secures 022 KIA RIO s of the date you file, the claim is: ply. 1 Contingent 1 Unliquidated 1 Disputed ature of lien. Check all that apply. 1 An agreement you made (such as car loan) | rs in Part 2. As ne. the claim: Check all that | Amount of claim Do not deduct the value of collateral. \$18,423.86 | Value of collateral that supports this claim | Unsecured portion If any |
| 2. Li for e mucl 2.1 Who C | et all secured claims. If a creach claim. If more than one can as possible, list the claims in a spossible, list the claims in a possible, list the claims in a possible, list the claims in a possible, list the claims in a possible possible. It is a possible possib | editor has more preditor has a property of the | particular claim, list the other credito order according to the creditor's narescribe the property that secures 022 KIA RIO s of the date you file, the claim is: ply. Contingent Unliquidated Disputed ature of lien. Check all that apply. An agreement you made (such as car loan) Statutory lien (such as tax lien, me | rs in Part 2. As ne. the claim: Check all that | Amount of claim Do not deduct the value of collateral. \$18,423.86 | Value of collateral that supports this claim | Unsecured portion If any |

Part 2: List Others to Be Notified for a Debt That You Already Listed

If this is the last page of your form, add the dollar value totals from all pages.

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

\$18,423.86

Write that number here:

| Fill in this infor | mation to identify your | case: | | |
|--|--|--|--|--|
| Debtor 1 | EDGAR J. LOPEZ | CORDERO | | |
| | First Name | Middle Name Last Na | me | - |
| Debtor 2 | SUJELIZ ROSA F | | | _ |
| (Spouse if, filing) | First Name | Middle Name Last Na | me | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF PUERTO RICO | | |
| Cooo numbor | | | | |
| Case number _ (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| Official Forr | | | | |
| Schedule E | E/F: Creditors W | ho Have Unsecured Clain | ns | 12/15 |
| Schedule G: Execu Schedule D: Credit eft. Attach the Con name and case nu | utory Contracts and Unexp tors Who Have Claims Sec ntinuation Page to this pag mber (if known). | e. If you have no information to report in a | clude any creditors with partic copy the Part you need, fill it | ally secured claims that are listed in out, number the entries in the boxes on the |
| | II of Your PRIORITY Un | | | |
| | ors have priority unsecure | d claims against you? | | |
| No. Go to F | Part 2. | | | |
| ☐ Yes. | | | | |
| Part 2: List A | II of Your NONPRIORIT | Y Unsecured Claims | | |
| | ors have nonpriority unsec | | | |
| | | | | |
| | ave nothing to report in this p | art. Submit this form to the court with your othe | r schedules. | |
| Yes. | | | | |
| unsecured clai | m, list the creditor separately | aims in the alphabetical order of the creditor for each claim. For each claim listed, identify st the other creditors in Part 3.If you have more | what type of claim it is. Do not li | ist claims already included in Part 1. If more |
| | | | | Total claim |
| 4.1 APPLE | CARD- GS BANK US | Last 4 digits of account nun | nber 5804 | \$2,140.17 |
| | ty Creditor's Name | | | |
| PO BO | BOX 6112 X 7247 | When was the debt incurred | 08/21/22 | |
| | DELPHIA, PA 19170 | | | |
| Number S | Street City State Zip Code | As of the date you file, the c | laim is: Check all that apply | |
| _ | urred the debt? Check one. | | | |
| Debto | | ☐ Contingent | | |
| ☐ Debto | r 2 only | ☐ Unliquidated | | |
| Debto | r 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At leas | st one of the debtors and and | <u>—</u> | cured claim: | |
| | k if this claim is for a comr | | | |
| debt Is the cla | im subject to offset? | Obligations arising out of a report as priority claims | separation agreement or divor | ce that you did not |
| ■ No | | <u>-</u> ' ' ' | sharing plans, and other similar | debts |
| — NO | | _ ONWA | | |
| ☐ Yes | | Other. Specify CREDI | CARD PURCHASES | |

| APPLE CARD- GS BANK USA | Last 4 digits of account number | 1955 | \$1,612.1 |
|--|--|---|-----------|
| Nonpriority Creditor's Name LOCK BOX 6112 PO BOX 7247 PHILADELPHIA, PA 19170 | When was the debt incurred? | 02/24/22 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-shari | ng plans, and other similar debts | |
| □Yes | ONWARDS CREDIT CA | S ARD PURCHASES | |
| CAPITAL ONE | Last 4 digits of account number | 5513 | \$338.0 |
| Nonpriority Creditor's Name PO BOX 71087 CHARLOTTE, NC 28272 | When was the debt incurred? | 09/23/21 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify CREDIT CA | S ARD PURCHASES | |
| DISCOVER | Last 4 digits of account number | 0629 | \$2,501.0 |
| Nonpriority Creditor's Name PO BOX 6103 CAROL STREAM, IL 60197 | When was the debt incurred? | 08/25/20 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| - Deploi i aliu Deploi 2 UIIV | ∟ Disputed | | |

debt

■ No

☐ Yes

 \square Check if this claim is for a community

Is the claim subject to offset?

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

ONWARDS
CREDIT CARD PURCHASES

 \square Student loans

| | r 1 EDGAR J. LOPEZ CORDERO r 2 SUJELIZ ROSA FERNANDEZ | | Case number (if known) | |
|-----|--|--|---|-------------|
| 4.5 | DISCOVER | Last 4 digits of account number | 8987 | \$4,262.06 |
| | Nonpriority Creditor's Name | | 05/00/04 | |
| | PO BOX 6103 CAROL STREAM, IL 60197 | When was the debt incurred? | 05/02/21 | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | _ | ONWARDS | i e | |
| | Yes | Other. Specify CREDIT CA | ARD PURCHASES | |
| 4.6 | ED FINANCIAL/ESA | Last 4 digits of account number | 0711 | \$3,347.00 |
| | Nonpriority Creditor's Name 120 N. SEVEN OAKS DR | When was the debt incurred? | 2021 | |
| | KNOXVILLE, TN 37922 | when was the dept incurred? | 2021 | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | ☐ Other. Specify | | |
| | | STUDENT I | LOAN | |
| 4.7 | FIRSTBANK | Last 4 digits of account number | 9299 | \$26,914.00 |
| | Nonpriority Creditor's Name 1519 AVE. PONCE DE LEON SAN JUAN, PR 00908 | When was the debt incurred? | 12/30/22 | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | • | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Unliquidated☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |

☐ Yes

Other. Specify CAR DEFICIENCY

| | | . LOPEZ CORDERO ROSA FERNANDEZ | | Case no | umber (i | f known) | |
|--------------------|--|--|--|------------|------------|------------------------------|-----------------------|
| 4.8 | FREEDOMF | ROAD FINANCIAL | Last 4 digits of account number | 9299 | ı | | \$2,350.00 |
| | | ditor's Name ID ST., SUITE 100W IK, IL 60523 | When was the debt incurred? | 12/29 | 9/21 | | |
| | | City State Zip Code | As of the date you file, the claim | is: Check | k all that | apply | |
| | _ | the debt? Check one. | | | | | |
| | Debtor 1 on | • | ☐ Contingent | | | | |
| | Debtor 2 on | ly | ☐ Unliquidated | | | | |
| | Debtor 1 and | d Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one | of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | ☐ Check if thi | is claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim su | bject to offset? | Obligations arising out of a separeport as priority claims | aration ag | greement | or divorce that you did not | |
| | ■ No | | Debts to pension or profit-sharir | ng plans, | and othe | r similar debts | |
| | ☐ Yes | | Other. Specify CAR DEFIC | CIENCY | (| | |
| | MONEY EX | | Last 4 digits of account number | XX09 |) | | \$4,302.00 |
| | Nonpriority Cred PO BOX 11 SAN JUAN, | 890 | When was the debt incurred? | 01/18 | 3/23 | | |
| | | City State Zip Code | As of the date you file, the claim | is: Check | k all that | apply | |
| | Who incurred | the debt? Check one. | • | | | , | |
| | Debtor 1 on | ly | ☐ Contingent | | | | |
| | Debtor 2 on | ly | ☐ Unliquidated | | | | |
| | ■ Debtor 1 and | d Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one | of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | _ | is claim is for a community | ☐ Student loans | | | | |
| | debt | bject to offset? | Obligations arising out of a separeport as priority claims | aration ag | greement | or divorce that you did not | |
| | No | | Debts to pension or profit-sharing | ng plans, | and othe | r similar debts | |
| | ☐ Yes | | Other. Specify PERSONAL | L LOAI | N | | |
| | s page only if y | | That You Already Listed out your bankruptcy, for a debt that y | | | | |
| have m | nore than one o | creditor for any of the debts that you in Parts 1 or 2, do not fill out or | you listed in Parts 1 or 2, list the add | itional cr | editors | here. If you do not have add | itional persons to be |
| Part 4: | Add the A | mounts for Each Type of Uns | ecured Claim | | | | |
| | he amounts of unsecured cla | | s. This information is for statistical r | eporting | purpos | es only. 28 U.S.C. §159. Add | the amounts for each |
| | | | | | | Total Claim | |
| | 6a. | Domestic support obligations | | 6a. | \$ | 0.00 | |
| Total claims | | | | | | | |
| from Par | t 1 6b. | Taxes and certain other debts | you owe the government | 6b. | \$ | 0.00 | |
| | 6c. | Claims for death or personal in | jury while you were intoxicated | 6c. | \$ | 0.00 | |
| | 6d. | Other. Add all other priority unse | cured claims. Write that amount here. | 6d. | \$ | 0.00 | |
| | 6e. | Total Priority. Add lines 6a throu | gh 6d. | 6e. | \$ | 0.00 | |
| | | | | | | Total Claim | |
| Total | 6f. | Student loans | | 6f. | \$ | 3,347.00 | |
| claims from Par | t 2 6g. | Obligations arising out of a sep | paration agreement or divorce that | _ | | 0.00 | |

6g.

Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Debts to pension or profit-sharing plans, and other similar debts

0.00

0.00

Debtor 1 EDGAR J. LOPEZ CORDERO Debtor 2 SUJELIZ ROSA FERNANDEZ

Case number (if known)

6j.

- Other. Add all other nonpriority unsecured claims. Write that amount here.
- \$ 44,419.41

6j. Total Nonpriority. Add lines 6f through 6i.

\$ 47,766.41

| Fill in this informa | Fill in this information to identify your case: | | | | | | |
|----------------------|---|-------------------------|-----------|----------------|--|--|--|
| Debtor 1 | EDGAR J. LOPEZ | CORDERO | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | SUJELIZ ROSA F | ERNANDEZ | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Bank | kruptcy Court for the: | DISTRICT OF PUERTO RICO | | | | | |
| Case number | | | | ☐ Check if the | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 ORLANDO R. PABON BATISTA BO. CEIBA NORTE CARR. 30 R935 KM 2.5 JUNCOS, PR 00777 RESIDENTIAL LEASE \$550.00 MONTHLY PAYMENTS. IT'S HEREBY ASSUMED

| Fill in this i | nformation to identify your | case: | | | |
|---|--|---|--|---|----------|
| Debtor 1 | EDGAR J. LOPEZ | | | | |
| Dobtor 2 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing | SUJELIZ ROSA F First Name | Middle Name | Last Name | | |
| United State | es Bankruptcy Court for the: | DISTRICT OF PUERTO | O RICO | | |
| | | _ | | | |
| Case number (if known) | er | | | ☐ Check if this is a | n |
| , | | | | amended filing | " |
| Codebtors a beople are fill it out, an | iling together, both are equ d number the entries in the | re also liable for any del ally responsible for sup boxes on the left. Attacl | plying correct informat h the Additional Page t | s complete and accurate as possible. If two marrion. If more space is needed, copy the Additiona o this page. On the top of any Additional Pages, | l Page, |
| | and case number (if known) | | | | |
| 1. Do y | ou have any codebtors? (If | you are filing a joint case, | do not list either spouse | as a codebtor. | |
| ■ No □ Yes | | | | | |
| Arizona ■ No. (□ Yes. | , California, Idaho, Louisiana, Go to line 3. Did your spouse, former spou | Nevada, New Mexico, Puuse, or legal equivalent liv | uerto Rico, Texas, Wash | y? (Community property states and territories includington, and Wisconsin.) if your spouse is filing with you. List the person | |
| in line 2 | 2 again as a codebtor only i 06D), Schedule E/F (Official | f that person is a guarar | ntor or cosigner. Make | sure you have listed the creditor on Schedule D (16G). Use Schedule D, Schedule E/F, or Schedule | (Officia |
| | column 1: Your codebtor ame, Number, Street, City, State and Zl | P Code | | Column 2: The creditor to whom you owe the Check all schedules that apply: | e debt |
| 3.1 | | | | ☐ Schedule D, line | |
| | ame | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| N | umber Street | | | _ | |
| | ity | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, line | |
| | ame | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| N | umber Street | | | _ | |
| | ity | State | ZIP Code | | |

| Fill in this information | n to identify your case: | |
|---------------------------------|--|--|
| Debtor 1 | EDGAR J. LOPEZ CORDERO | |
| Debtor 2 (Spouse, if filing) | SUJELIZ ROSA FERNANDEZ | |
| United States Bankr | uptcy Court for the: DISTRICT OF PUERTO RICO | |
| Case number (If known) | | Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter |
| Official Forr | n 106l | 13 income as of the following date: MM / DD/ YYYY |

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: **Describe Employment** Fill in your employment **Debtor 1** Debtor 2 or non-filing spouse information. ■ Employed Employed If you have more than one job, **Employment status** attach a separate page with ■ Not employed Not employed information about additional employers. Occupation **WAREHOUSE MANAGER UNEMPLOYED** Include part-time, seasonal, or CARIBBEAN MERCHANDISER self-employed work. Employer's name **SERVICES** Occupation may include student or homemaker, if it applies. **Employer's address PO BOX 519** CAGUAS, PR 00726 How long employed there? **2 1/2 YEARS**

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 2,427.25 0.00 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 +\$ 0.00 3. Calculate gross Income. Add line 2 + line 3. \$ 2,427.25 0.00

Case number (if known)

| | | | | For | Debtor 1 | | or Debtor 2 or on-filing spouse | |
|-----|-------------------|---|-------------------|----------------|----------------------|----------------------|------------------------------------|----------|
| | Copy | y line 4 here | 4. | \$ | 2,427.25 | \$ | 0.00 | |
| 5. | List a | all payroll deductions: | | | | | | |
| ٥. | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 328.24 | \$ | 0.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$_ | 0.00 | \$ | 0.00 | |
| | 5e. | Insurance | 5e. | \$ | 11.48 | \$ | 0.00 | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | 0.00 | |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | 0.00 | |
| | 5h. | Other deductions. Specify: | _ 5h.+ | + \$ | | + \$ _ | 0.00 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 339.72 | \$_ | 0.00 | |
| 7. | Calc | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 2,087.53 | \$_ | 0.00 | |
| 8. | List a | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | 0.00 | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | 0.00 | |
| | 8d. 8e. 8f. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental | 8c. 8d. 8e. | \$ \$ \$ | 0.00 0.00 0.00 | \$ _ \$ _ \$ _ | 0.00 0.00 0.00 | |
| | | Nutrition Assistance Program) or housing subsidies. | | | | | | |
| | | Specify: FOOD STAMPS | 8f. | \$ | 0.00 | \$_ | 348.00 | |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$_ | 0.00 | |
| | 8h. | Other monthly income. Specify: CAR ALLOWANCE | _8h.+ | · · — | 375.01 | + \$ _ | 0.00 | |
| | | PRO RATED XMAS BONUS* | _ | . \$ | 46.18 | \$_ | 0.00 | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 421.19 | \$_ | 348.00 | |
| 10. | | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 0. \$ | 2 | 2,508.72 + \$_ | | 348.00 = \$ | 2,856.72 |
| 11. | Include other | e all other regular contributions to the expenses that you list in <i>Schedule</i> , de contributions from an unmarried partner, members of your household, your of friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a sify: | depen | | , | • | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | | 2,856.72 |
| | | | | | | | | income |
| 13. | Do y∈ | ou expect an increase or decrease within the year after you file this form? No. | • | | | | | |
| | _ | Yes. Explain: *GROSS \$600.00 LESS TAXES \$45.90= \$554.10/12 | - ¢1 | 6 1 R | | | | |
| | _ | | ψ-τ | J U | | | | |

| Fill | in this informa | ation to identify yo | our case: | | | | | |
|----------------|---|---|-----------------|--|--|-------------|-----------------|---|
| Deb | otor 1 | EDGAR J. LO | OPEZ CO | RDERO | | Che | eck if this is: | |
| | otor 2 Ouse, if filing) SUJELIZ ROSA FERNANDEZ | | | | | | | ng howing postpetition chapter of the following date: |
| | , ,, | runtov Court for the | · DISTRI | CT OF PUERTO RICO | | | MM / DD / YYY | <u></u> |
| | | ruptcy Court for the | . <u>DIOTRI</u> | OT OF TOLKTO KIDO | | | WWW/DD/TTT | ' |
| 1 | se number nown) | | | | | | | |
| O ¹ | fficial Fo | rm 106J | | | | | | |
| S | chedule | J: Your l | Exper | ises | | | | 12/1 |
| info | ormation. If m | | eded, atta | ch another sheet to thi | | | | e for supplying correct te your name and case |
| Par 1. | t 1: Desci | ribe Your House | hold | | | | | |
| •• | □ No. Go to | | | | | | | |
| | _ | es Debtor 2 live i | in a separ | ate household? | | | | |
| | ■ N □ Y | | st file Offici | al Form 106J-2, <i>Expens</i> i | es for Separate House | ehold of De | btor 2. | |
| 2. | Do vou hav | e dependents? | □ No | | | | | |
| | Do not list D Debtor 2. | • | Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state dependents | | | | Son | | 2y | ■ No □ Yes |
| | | | | | Son | | 9m | □ No |
| | | | | | 3011 | | | ■ Yes □ No |
| | | | | | | | | Yes |
| | | | | | | | | □ No □ Yes |
| 3. | expenses o | penses include f people other tl d your depende | han $_{f \Box}$ | No Yes | | | _ | l Yes |
| exp | imate your ex | | our bankrı | uptcy filing date unless | | | | Chapter 13 case to report p of the form and fill in the |
| the | | h assistance and | | government assistance luded it on <i>Schedule I</i> : | | | Your e | expenses |
| 4. | | or home owners | | ses for your residence | . Include first mortgag | e 4. | \$ | 550.00 |
| | . , | ded in line 4: | J : | | | | | |
| | | | | | | | Φ. | • • • |
| | | estate taxes erty, homeowner's | s or renter | 's insurance | | 4a. 4b. | · | 0.00 |
| | • | • | | pkeep expenses | | 4c. | · | 0.00 |
| | 4d. Home | owner's associat | ion or con | dominium dues | | 4d. | \$ | 0.00 |
| 5. | Additional ı | mortgage payme | ents for yo | our residence, such as h | nome equity loans | 5. | \$ | 0.00 |

Debtor 1 EDGAR J. LOPEZ CORDERO Debtor 2 SUJELIZ ROSA FERNANDEZ Case number (if known)

| 6a. Electricity, heat, natural gas | 6a. | \$ | 80.00 |
|--|-----------|-------------|----------|
| 6b. Water, sewer, garbage collection | 6b. | \$ | 30.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 0.00 |
| 6d. Other. Specify: CELLULAR | 6d. | \$ | 160.00 |
| NETFLIX | | \$ | 30.00 |
| Food and housekeeping supplies | | \$ | 575.72 |
| Childcare and children's education costs | 8. | \$ | 0.00 |
| Clothing, laundry, and dry cleaning | 9. | \$ | 56.00 |
| Personal care products and services | 10. | \$ | 50.00 |
| Medical and dental expenses | 11. | \$ | 60.00 |
| Transportation. Include gas, maintenance, bus or train fare. | | | |
| Do not include car payments. | 12. | · | 260.00 |
| Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| Charitable contributions and religious donations | 14. | \$ | 0.00 |
| Insurance. | | | |
| Do not include insurance deducted from your pay or included in lines 4 or 20. | 4- | • | |
| 15a. Life insurance | 15a. | · | 0.00 |
| 15b. Health insurance | 15b. | · | 0.00 |
| 15c. Vehicle insurance | 15c. | · | 0.00 |
| 15d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ | 0.00 |
| Installment or lease payments: | 10. | Ψ | 0.00 |
| 17a. Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| 17b. Car payments for Vehicle 2 | 17b. | · | 0.00 |
| 17c. Other. Specify: 2022 AUTO MAINT. & LIC. PLATES | 176. | · | 50.00 |
| 17d. Other. Specify: | 17d. | · | 0.00 |
| Your payments of alimony, maintenance, and support that you did not report as | _ '''. | Ψ | 0.00 |
| deducted from your pay on line 5, Schedule I, Your Income (Official Form 1061). | 18. | \$ | 300.00 |
| Other payments you make to support others who do not live with you. | | \$ | 0.00 |
| Specify: | 19. | - | |
| Other real property expenses not included in lines 4 or 5 of this form or on Sched | ule I: Yo | our Income. | |
| 20a. Mortgages on other property | 20a. | \$ | 0.00 |
| 20b. Real estate taxes | 20b. | \$ | 0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| Other: Specify: LUNCH AT WORK | 21. | +\$ | 160.00 |
| TOLLS | | +\$ | 30.00 |
| | _ | | |
| Calculate your monthly expenses | | • | 0.004.70 |
| 22a. Add lines 4 through 21. | | \$ | 2,391.72 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 2,391.72 |
| Calculate your monthly net income. | | | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,856.72 |
| 23b. Copy your monthly expenses from line 22c above. | 23b. | · | 2,391.72 |
| 255. Step jour monthly expended from the 226 above. | 200. | * | 2,331.72 |
| 23c. Subtract your monthly expenses from your monthly income. | | | |
| The result is your monthly net income. | 23c. | \$ | 465.00 |

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

| ain here: | |
|-----------|---------|
| aiı | n here: |

| Fill in this infor | mation to identify your | case: | | | |
|-------------------------|---|---------------------------|---------------|--------------------------------|---|
| Debtor 1 | EDGAR J. LOPEZ | CORDERO | | | |
| | First Name | Middle Name | Last I | Name | |
| Debtor 2 | SUJELIZ ROSA F | ERNANDEZ | | | |
| (Spouse if, filing) | First Name | Middle Name | Last I | Name | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF PUERTO | RICO | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing |
| Official Form Declarat | | ın Individual | Debto | or's Schedules | 12/15 |
| years, or both. 1 | y or property by fraud ii 8 U.S.C. §§ 152, 1341, 1 in Below | | ruptcy case | can result in fines up to \$25 | 0,000, or imprisonment for up to 20 |
| Did you pa | ay or agree to pay some | one who is NOT an attori | ney to help y | ou fill out bankruptcy forms | ? |
| ■ No | | | | | |
| ☐ Yes. I | Name of person | | | | Bankruptcy Petition Preparer's Notice, tion, and Signature (Official Form 119) |
| | alty of perjury, I declare re true and correct. | that I have read the sumr | mary and sc | hedules filed with this declar | ration and |
| X /s/ ED | GAR J. LOPEZ CORD | ERO | Х | s/ Sujeliz Rosa Fern | ANDEZ |
| | R J. LOPEZ CORDER | 10 | | SUJELIZ ROSA FERNANI | DEZ |
| Signatu | re of Debtor 1 | | | Signature of Debtor 2 | |
| Date _ | June 30, 2025 | | | Date June 30, 2025 | |

| Fill | in this inforn | nation to identify your | case: | | |
|-------------|---|--|-------------------------------------|--|---|
| Del | otor 1 | EDGAR J. LOPEZ | Z CORDERO | | |
| 1 | otor 2 ouse if, filing) | First Name SUJELIZ ROSA F First Name | Middle Name ERNANDEZ Middle Name | Last Name Last Name | |
| ' | | nkruptcy Court for the: | DISTRICT OF PUERTO RICO | | |
| | se number | mapley Court for the | 2.0101.01.020 | | |
| | nown) | | | | ☐ Check if this is an amended filing |
| | ficial Fo | | | | |
| St | atement | of Financial A | Affairs for Individua | lls Filing for Bankruptcy | 04/2 |
| info nun | rmation. If m | ore space is needed, a n). Answer every quest | attach a separate sheet to this f | ling together, both are equally responsible form. On the top of any additional pages, ved Before | |
| 1. | What is your | r current marital status | 5? | | |
| | ■ Married□ Not mar | ried | | | |
| 2. | During the la | ast 3 years, have you li | ived anywhere other than wher | e you live now? | |
| | □ No ■ Yes. Lis | t all of the places you liv | ved in the last 3 years. Do not inc | lude where you live now. | |
| | Debtor 1: | | Dates Debtor 1 lived there | Debtor 2 Prior Address: | Dates Debtor 2 lived there |
| | ALTURAS D16 CALL GURABO, | = | From-To: FROM 2009 TO 12/2024 | ☐ Same as Debtor 1 URB. COUNTRY CLUB CALLE CECILIO LEBRON CAROLINA, PR 00982 | ☐ Same as Debtor 1 From-To: FROM 02/2022 TO 07/2023 |
| | | | From-To: | ☐ Same as Debtor 1 MARGINAL ARECIBO ARECIBO, PR 00612 | ☐ Same as Debtor 1 From-To: FROM 07/2023 TO 09/2023 |
| | | | From-To: | ☐ Same as Debtor 1 10 CALLE ALONDRA 62 SAN LORENZO, PR 00754 | ☐ Same as Debtor 1 From-To: FROM 09/2023 TO 02/2024 |
| | | | From-To: | ☐ Same as Debtor 1 BO. QUEMADOS, SECT. RAMOS CARR. 181 R788 KM 3.7 SAN LORENZO, PR 00754 | ☐ Same as Debtor 1 From-To: FROM 02/2024 TO 12/2024 |
| | BO. CEIBA CARR 30 I JUNCOS, | R935 KM 2.5 | From-To: FROM 12/2024 TO PRESENT | Same as Debtor 1 | Same as Debtor 1 From-To: |

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property

| Debtor 1 EDGAR J. LOPEZ COR SUJELIZ ROSA FERNA | | Case | e number (if known) | |
|--|--|---|--|---|
| states and territories include Arizona, Ca | alifornia, Idaho, Louisiana, Ne | vada, New Mexico, Puerto R | ico, Texas, Washington and W | /isconsin.) |
| ■ No □ Yes. Make sure you fill out Sc | hedule H: Your Codebtors (O | fficial Form 106H). | | |
| Part 2 Explain the Sources of You | ur Income | | | |
| 4. Did you have any income from end Fill in the total amount of income you fix you are filing a joint case and you | ou received from all jobs and | all businesses, including part- | -time activities. | ndar years? |
| □ No■ Yes. Fill in the details. | | | | |
| | Debtor 1 | | Debtor 2 | |
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$14,563.50 | ■ Wages, commissions, bonuses, tips | \$2,138.56 |
| | ☐ Operating a business | | ☐ Operating a business | |
| | ☐ Wages, commissions, bonuses, tips | \$0.00 | ■ Wages, commissions, bonuses, tips | \$0.00 |
| | ☐ Operating a business | | ☐ Operating a business | |
| For last calendar year: (January 1 to December 31, 2024) | ■ Wages, commissions, bonuses, tips | \$29,619.00 | ■ Wages, commissions, bonuses, tips | \$15,604.00 |
| | ☐ Operating a business | | ☐ Operating a business | |
| | ☐ Wages, commissions, bonuses, tips | \$0.00 | ■ Wages, commissions, bonuses, tips | \$0.00 |
| | ☐ Operating a business | | ☐ Operating a business | |
| For the calendar year before that: (January 1 to December 31, 2023) | ■ Wages, commissions, bonuses, tips | \$20,643.00 | ■ Wages, commissions, bonuses, tips | \$22,095.00 |
| | ☐ Operating a business | | ☐ Operating a business | |
| | ☐ Wages, commissions, bonuses, tips | \$0.00 | ■ Wages, commissions, bonuses, tips | \$862.00 |
| | ☐ Operating a business | | ☐ Operating a business | |
| 5. Did you receive any other incom Include income regardless of wheth and other public benefit payments; winnings. If you are filing a joint cast List each source and the gross incoming. | ner that income is taxable. Ex pensions; rental income; inte se and you have income that | amples of other income are a rest; dividends; money collec you received together, list it c | limony; child support; Social S ted from lawsuits; royalties; ar only once under Debtor 1. | |
| Yes. Fill in the details. | | | | |
| | Debtor 1 | | Debtor 2 | |
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) |

Debtor 1 EDGAR J. LOPEZ CORDERO SUJELIZ ROSA FERNANDEZ

Case number (if known)

| Debtor 1 Debtor 2 | | | | | | | | | | | |
|-------------------|--|---|-------------------------------|---|--|--------------------------|---|------------------------------|-------------------------|----------------------------|---|
| | | | | Sources of income Describe below. | | | | Source Descri | es of inco be below. | | Gross income (before deductions and exclusions) |
| | | y 1 of curre filed for bar | nt year until nkruptcy: | | | | \$0.00 |) Food | Stamps | | \$2,088.00 |
| | r last caler anuary 1 to | dar year: December | 31, 2024) | | | | \$0.00 |) Food | Stamps | | \$3,480.00 |
| | | dar year be December | | | | | \$0.00 |) Food | Stamps | | \$0.00 |
| Pa | rt 3: Lis | t Certain Pa | yments You | Made Befo | ore You Filed for | r Bankrup | tcy | | | | |
| 6. | Are eithe ☐ No. | Neither De | ebtor 1 nor D | ebtor 2 ha | imarily consumes s primarily cons amily, or househ | sumer deb | | bts are defi | ned in 11 | U.S.C. § 10 | 1(8) as "incurred by an |
| | | During the | 90 days befo | • | for bankruptcy, | did you pa | y any creditor a to | otal of \$8,57 | 5* or mor | e? | |
| | | □ Yes | List below e | each credito editor. Do n | ot include payme | ents for do | mestic support ob | | | | he total amount you nd alimony. Also, do |
| | | * Subject | | | o an attorney for and every 3 year | | uptcy case. at for cases filed o | on or after th | ne date of | adjustment | |
| | Yes. | | | | e primarily const for bankruptcy, o | | ts. y any creditor a to | otal of \$600 | or more? | | |
| | | ■ No. | Go to line 7 | | | | | | | | |
| | | ☐ Yes | | ments for d | omestic support | | of \$600 or more a s, such as child su | | | | t creditor. Do not nclude payments to an |
| | Creditor | 's Name and | d Address | | Dates of paym | ent | Total amount paid | Amou sti | nt you Il owe | Was this p | payment for |
| 7. | Insiders in of which y a business alimony. | oclude your r ou are an of s you operat | elatives; any ficer, director | general par , person in o roprietor. 11 | tners; relatives o | of any gene of 20% or | | nerships of ing securitie | which you s; and an | u are a gene y managing | ral partner; corporations agent, including one for |
| | Insider's | Name and | Address | | Dates of paym | ent | Total amount paid | Amou sti | nt you Il owe | Reason fo | or this payment |
| В. | insider? | | | - | y, did you make gned by an inside | | | | | count of a | debt that benefited an |
| | _ | List all payn | nents to an in | sider | | | | | | | |
| | Insider's | Name and | Address | | Dates of paym | ent | Total amount paid | Amou sti | nt you Il owe | | or this payment editor's name |
| | | | | | | | | | | | |

Official Form 107

| | btor 2 SUJELIZ ROSA FERNANDEZ | | Case number | (if known) | |
|-----|--|--|---------------------------------|--------------------------|-------------------------|
| Dat | - Identify Land Actions Department | and Faradacura | | | |
| Par | rt 4: Identify Legal Actions, Repossession | ons, and Foreciosures | | | |
| 9. | Within 1 year before you filed for bankrup List all such matters, including personal injur modifications, and contract disputes. | | | | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Case title Case number | Nature of the case | Court or agency | Status of th | e case |
| 10. | Within 1 year before you filed for bankrup Check all that apply and fill in the details below | | rty repossessed, foreclosed | l, garnished, attached | I, seized, or levied? |
| | No. Go to line 11.Yes. Fill in the information below. | | | | |
| | Creditor Name and Address | Describe the Property | | Date | Value of the property |
| | | Explain what happened | | | p. opo. sy |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment be No | | uding a bank or financial ins | stitution, set off any a | mounts from your |
| | ☐ Yes. Fill in the details. | | | | |
| | Creditor Name and Address | Describe the action the | creditor took | Date action was taken | Amount |
| | Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or No Yes | another official? | ity in the possession of an a | assignee for the pene | in or creditors, a |
| | tt 5: List Certain Gifts and Contributions Within 2 years before you filed for bankru | | s with a total value of more th | han \$600 per person? | · |
| | ■ No□ Yes. Fill in the details for each gift. | | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | |
| 14. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift or co | | or contributions with a tota | Il value of more than | \$600 to any charity? |
| | Gifts or contributions to charities that to more than \$600 Charity's Name | | contributed | Dates you contributed | Value |
| | Address (Number, Street, City, State and ZIP Code) | | | | |
| Par | rt 6: List Certain Losses | | | | |
| 15. | Within 1 year before you filed for bankrup or gambling? | otcy or since you filed for be | ankruptcy, did you lose anyt | thing because of thef | t, fire, other disaster |
| | No Sillia tha data'ia | | | | |
| | Yes. Fill in the details. Describe the property you lost and | Describe any insurance co | verage for the loss | Date of your | Value of property |
| | how the loss occurred | Include the amount that insurinsurance claims on line 33 c | rance has paid. List pending | loss | lost |

Part 7: List Certain Payments or Transfers

| 16. | con | hin 1 year before you filed for bankruptcy sulted about seeking bankruptcy or prep ude any attorneys, bankruptcy petition prepa | aring a bankruptcy pe | etition? | | | |
|-----|---------------------|---|---|---------------------------------|----------------|--|---|
| | | No Yes. Fill in the details. | | | | | |
| | Ad En | rson Who Was Paid dress nail or website address rson Who Made the Payment, if Not You | Description and transferred | value of any prope | rty | Date payment or transfer was made | Amount of payment |
| | PC SA | PA ANGEL M. EGOZCUE, ESQ. D BOX 366087 NN JUAN, PR 00936 gelegozcue@yahoo.com | Attorney Fees | | | 05/15/25 | \$300.00 |
| 17. | pro | hin 1 year before you filed for bankruptcy mised to help you deal with your creditor not include any payment or transfer that you No Yes. Fill in the details. | s or to make payment | | | r transfer any prop | erty to anyone who |
| | | rson Who Was Paid dress | Description and transferred | value of any prope | rty | Date payment or transfer was made | Amount of payment |
| 18. | trar Incl | hin 2 years before you filed for bankruptonsferred in the ordinary course of your build both outright transfers and transfers maude gifts and transfers that you have already No Yes. Fill in the details. | isiness or financial aff de as security (such as | fairs? the granting of a sec | | | |
| | Ad | rson Who Received Transfer dress rson's relationship to you | Description and property transfer | | | any property or received or debts change | Date transfer was made |
| 19. | Wit | hin 10 years before you filed for bankrupt reficiary? (These are often called asset-prof No Yes. Fill in the details. | | ny property to a sel | lf-settled tru | ıst or similar device | e of which you are a |
| | Na | me of trust | Description and | value of the proper | ty transferr | ed | Date Transfer was made |
| Par | t 8: | List of Certain Financial Accounts, Ins | truments, Safe Depos | it Boxes, and Stora | ge Units | | |
| 20. | sold Incl hou | hin 1 year before you filed for bankruptcy d, moved, or transferred? lude checking, savings, money market, or luses, pension funds, cooperatives, assoc | other financial accou | unts; certificates of | | | |
| | | Yes. Fill in the details. | | _ | | | |
| | | dress (Number, Street, City, State and ZIP | Last 4 digits of account number | Type of account instrument | clo | te account was sed, sold, oved, or nsferred | Last balance before closing or transfer |
| | | | | | | | |

Official Form 107

| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | |
|-----|---|---|------------------------------------|-----------------------|--|--|
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | |
| 22. | | | | | | |
| 22. | | Diace other than your nome within i | year before you med for bankruptcy | • | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | | Who else has or had access | Describe the contents | Do you otill | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | |
| Par | 9: Identify Property You Hold or Control for | r Someone Else | | | | |
| 23. | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. | | | | | |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | |
| Par | 10: Give Details About Environmental Inform | nation | | | | |
| For | he purpose of Part 10, the following definitions | s apply: | | | | |
| | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. | | | | | |
| | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. | | | | | |
| | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. | | | | | |
| Rep | ort all notices, releases, and proceedings that y | ou know about, regardless of when | they occurred. | | | |
| 24. | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | |
| 25. | Have you notified any governmental unit of any release of hazardous material? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | |
| | | | | | | |

| Del | otor 2 SUJELIZ ROSA FERNANDEZ | | Case number (if known) | | | |
|-------------------|--|---|---|--------------------|--|--|
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | |
| Par | t 11: Give Details About Your Business or | Connections to Any Business | | | | |
| 27. | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? | | | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | |
| | ☐ A partner in a partnership | | | | | |
| | ☐ An officer, director, or managing ex | ecutive of a corporation | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | |
| | No. None of the above applies. Go to Part 12. | | | | | |
| | ☐ Yes. Check all that apply above and fill | I in the details below for each busines | S. | | | |
| | Business Name Address | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. | | | |
| | (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Dates business existed | | | |
| | ■ No ■ Yes. Fill in the details below. Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | | | |
| Par | t 12: Sign Below | | | | | |
| are with 18 U | ve read the answers on this Statement of Finder and correct. I understand that making a labankruptcy case can result in fines up to I.S.C. §§ 152, 1341, 1519, and 3571. EDGAR J. LOPEZ CORDERO GAR J. LOPEZ CORDERO nature of Debtor 1 | false statement, concealing property, | or obtaining money or propert 0 years, or both. ANDEZ | | | |
| _ | | - | | | | |
| Dat | e <u>June 30, 2025</u> | Date <u>June 30, 2025</u> | | | | |
| Did ■ N □ Y | | ent of Financial Affairs for Individuals | Filing for Bankruptcy (Official I | Form 107)? | | |
| ■ N | you pay or agree to pay someone who is no lo 'es. Name of Person Attach the Bankru | | | 119). | | |
| | | | | | | |

Debtor 1 EDGAR J. LOPEZ CORDERO

| Fill in this information to identify your case: | | | | | | |
|---|---------------------------|-------------------------|--|--|--|--|
| Debtor 1 | EDGAR J. LOPEZ C | ORDERO | | | | |
| Debtor 2 (Spouse, if filing) | SUJELIZ ROSA FER | NANDEZ | | | | |
| United States B | Sankruptcy Court for the: | District of Puerto Rico | | | | |
| Case number (if known) | | | | | | |

| Check as directed in lines 17 and 21: | | | | | | | |
|---|--|--|--|--|--|--|--|
| According to the calculations required by this Statement: | | | | | | | |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | | |
| | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | | |
| | 3. The commitment period is 3 years. | | | | | | |
| | 4. The commitment period is 5 years. | | | | | | |

 $\hfill\square$ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. §

| | | | | Colu Debt | mn A or 1 | nn B or 2 or iling spouse |
|---|--------------------|-------------------------------------|----------------------------------|--------------|--------------|---------------------------------|
| Your gross wages, salary, tips, bonuses, overtime payroll deductions). | , and co | ommissio | ons (before all | \$ | 2,475.02 | \$ 600.29 |
| limony and maintenance payments. Do not include tolumn B is filled in. | e payme | ents from | a spouse if | \$ | 0.00 | \$ 0.00 |
| All amounts from any source which are regularly pof you or your dependents, including child suppor rom an unmarried partner, members of your househo and roommates. Do not include payments from a spourou listed on line 3. Net income from operating a business, profession, or farm | r t. Includ | de regulai depende not includ | r contributions nts, parents, | \$ | 0.00 | \$ 0.00 |
| Gross receipts (before all deductions) | \$ | 0.00 | | | | |
| rdinary and necessary operating expenses | -\$ | 0.00 | | | | |
| et monthly income from a business, profession, or fa | arm \$ _ | 0.00 | Copy here -> | \$ | 0.00 | \$ 0.00 |
| et income from rental and other real property | Debtoi | r 1 | | | | |
| oss receipts (before all deductions) | \$_ | 0.00 | | | | |
| Ordinary and necessary operating expenses | - \$ _ | 0.00 | | | | |
| Net monthly income from rental or other real property | \$ | 0.00 | Copy here -> | \$ | 0.00 | \$ 0.00 |

| | | | | | Column Debtor | | Column L Debtor 2 non-filing | | |
|-------------|---|--|---|--|-----------------------------|-----------------------|---------------------------------|---------------|--|
| 7. | Interest, c | lividends, and royalties | | | \$ | 0.0 | \$ | 0.00 | |
| | • | ment compensation | | | \$ | 0.0 | | 0.00 | |
| | | er the amount if you contend that the a Security Act. Instead, list it here: | amount received was a ben | efit under | | | | | |
| | For you | | \$ | 0.00 | | | | | |
| | For you | r spouse | \$ | 0.00 | | | | | |
| 9. | benefit und not include United Sta disability, o pay paid u does not e | or retirement income. Do not include a der the Social Security Act. Also, except any compensation, pension, pay, and the Government in connection with a cord death of a member of the uniformed not chapter 61 of title 10, then include exceed the amount of retired pay to whinder any provision of title 10 other than | ot as stated in the next sent nuity, or allowance paid by the disability, combat-related in services. If you received a that pay only to the extent ich you would otherwise be | tence, do the jury or ny retired t that it | \$ | 0.0 | 0 \$ | 0.00 | |
| 10. | Do not inc received a domestic t United Sta disability, sources or | om all other sources not listed above lude any benefits received under the S is a victim of a war crime, a crime again errorism; or compensation, pension, pattes Government in connection with a cordeath of a member of the uniformed in a separate page and put the total below. | ocial Security Act; paymen nst humanity, or internation ay, annuity, or allowance pa disability, combat-related in services. If necessary, list | ts al or aid by the jury or | | | | | |
| | <u> </u> | OOD STAMPS | | | \$ | 0.0 | <u> </u> | 348.00 | |
| | | AR ALLOWANCE | | | \$ | 375.0 | 1_ \$ | 0.00 | |
| | Т | otal amounts from separate pages, if a | iny. | + | \$ | 0.0 | <u> </u> | 0.00 | |
| 11. Part | each colur | your total average monthly income. nn. Then add the total for Column A to remine How to Measure Your Deduc | the total for Column B. | \$ | 2,850.03 | 3 + \$ | 948.29 | | 3,798.32 tal average onthly income |
| 12. 13. | Copy you Calculate | r total average monthly income fron | n line 11. | | | | | \$ | 3,798.32 |
| | | are not married. Fill in 0 below. | | | | | | | |
| | _ | are married and your spouse is filing w | ith you. Fill in 0 below. | | | | | | |
| | _ | are married and your spouse is not filin | • | | | | | | |
| | Fill in | the amount of the income listed in line indents, such as payment of the spouse | e 11, Column B, that was N | OT regula e's suppo | arly paid for rt of some | or the houseone other | sehold expens than you or yo | es of you o | er your ents. |
| | | v, specify the basis for excluding this ir tments on a separate page. | ncome and the amount of ir | ncome de | voted to e | ach purpo | se. If necessa | ry, list addi | tional |
| | If this | adjustment does not apply, enter 0 be | elow. | _ | | | | | |
| | | | | _ \$ | | | | | |
| | | | | _ • <u>•</u> | | | | | |
| | | | | _ | | | | | |
| | | Total | | \$ | (| 0.00 | Copy here=> | | 0.00 |
| 14. | Your cur | rent monthly income. Subtract line 1 | 3 from line 12. | | | | | \$ | 3,798.32 |
| 15. | Calculat | e your current monthly income for the | he year. Follow these step | s: | | | | | |
| | | py line 14 here=> | · | | | | | \$ | 3,798.32 |

| | IGAR J. LOPEZ CORDERO IJELIZ ROSA FERNANDEZ | Case number (i | f known) |
|----------------------|---|---|---|
| N | Multiply line 15a by 12 (the number of months | in a year). | x 12 |
| 15b. 7 | The result is your current monthly income for the | ne year for this part of the form | \$\$ |
| 16. Calcula | te the median family income that applies to | you. Follow these steps: | |
| 16a. Fill | in the state in which you live. | PR | |
| 16b. Fill | in the number of people in your household. | 3 | |
| 16c. Fill | in the median family income for your state and | size of household. | _{\$} 35,444 |
| | find a list of applicable median income amoun tructions for this form. This list may also be available. | | parate |
| 17. How do | the lines compare? | | |
| 17a. [| Line 15b is less than or equal to line 16c. 11 U.S.C. § $1325(b)(3)$. Go to Part 3. Do | On the top of page 1 of this form, check box 1 NOT fill out Calculation of Your Disposable In | |
| 17b. I | | o of page 1 of this form, check box 2, <i>Disposa</i> , culation of Your Disposable Income (Official above. | |
| Part 3: C | calculate Your Commitment Period Under 1 | I U.S.C. § 1325(b)(4) | |
| 18. Copy yo | our total average monthly income from line | 11. | \$ 3.7 |
| spouse's | that calculating the commitment period under s income, copy the amount from line 13. ne marital adjustment does not apply, fill in 0 or | | -\$ |
| 19b. Sul | btract line 19a from line 18. | | \$\$ |
| 20. Calcula | te your current monthly income for the year | r. Follow these steps: | |
| 20a. Co _l | py line 19b | | \$ |
| Mu | Itiply by 12 (the number of months in a year). | | x 12 |
| 20b. The | e result is your current monthly income for the | year for this part of the form | \$ 45,579 |
| 20c. Co _l | py the median family income for your state and | d size of household from line 16c | \$ 35,444 |
| 21. Ho | w do the lines compare? | | |
| | Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4. | vise ordered by the court, on the top of page 1 | of this form, check box 3, The comm |
| | Line 20h is more than or equal to line 20c. L | Inless otherwise ordered by the court, on the | top of page 1 of this form, check box 4 |
| _ | Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4. | | |

EDGAR J. LOPEZ CORDERO

Signature of Debtor 1

Date June 30, 2025

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

SUJELIZ ROSA FERNANDEZ

Signature of Debtor 2

Date **June 30, 2025**

MM / DD / YYYY

| Debtor 1 | GAR J. LOPEZ CORDERO | | |
|----------|----------------------|------------------------|--|
| | IELIZ ROSA FERNANDEZ | Case number (if known) | |

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

| | | | 1 | |
|-----------------|---|----------------------------------|-------------------------------------|--------------------------------|
| Fill in | this information to identify your case: | | | |
| Debto | EDGAR J. LOPEZ CORDERO |) | | |
| Debto (Spou | r 2 SUJELIZ ROSA FERNANDE se, if filing) | <u>z</u> | | |
| United | States Bankruptcy Court for the:District c | f Puerto Rico | | |
| Case (if kno | number wn) | | ☐ Check if t | his is an amended filing |
| Officia | I Form 122C-2 | | | |
| Cha | pter 13 Calculation of Y | our Disposable II | ncome | 04/2 |
| | out this form, you will need your complete it it this form, you will need your complete it this form 122C-1). | ed copy of Chapter 13 Stateme | ent of Your Current Monthly Inc | ome and Calculation of |
| space | complete and accurate as possible. If two is needed, attach a separate sheet to this onal pages, write your name and case nun | form, Include the line number | | |
| Part 1 | Calculate Your Deductions from You | ur Income | | |
| the | e Internal Revenue Service (IRS) issues Na questions in lines 6-15. To find the IRS st prmation may also be available at the banl | andards, go online using the | | |
| exp | duct the expense amounts set out in lines 6-1 enses if they are higher than the standards. PC-1, and do not deduct any amounts that you | Do not include any operating exp | penses that you subtracted from it | ncome in lines 5 and 6 of Form |
| If yo | our expenses differ from month to month, ent | er the average expense. | | |
| Not | e: Line numbers 1-4 are not used in this form | n. These numbers apply to inform | nation required by a similar form u | used in chapter 7 cases. |
| 5. | The number of people used in determini | ng your deductions from inco | me | |
| | Fill in the number of people who could be or plus the number of any additional depende the number of people in your household. | | | 3 |
| Nat | ional Standards You must use the | IRS National Standards to answ | ver the questions in lines 6-7. | |
| 6. | Food, clothing, and other items: Using the Standards, fill in the dollar amount for food. | | d in line 5 and the IRS National | \$1,753.00 |
| 7. | Out-of-pocket health care allowance: Us the dollar amount for out-of-pocket health of people who are 65 or olderbecause older | are. The number of people is sp | lit into two categoriespeople who | o are under 65 and |

Official Form 122C-2

higher than this IRS amount, you may deduct the additional amount on line 22.

| Debtor 1 | EDGAR J. LOPEZ CORDERO |
|----------|------------------------|
| Debtor 2 | SUJELIZ ROSA FERNANDEZ |

Case number (if known)

| Peo | ple v | who are under 65 years of age | | | | | | |
|------|--------------|--|------------------------------------|---------------------|--------------------|----------------|----------------|---------------------------------|
| | 7a. | Out-of-pocket health care allowance per person | \$ | 84 | | | | |
| | 7b. | Number of people who are under 65 | X 3 | | | | | |
| | 7c. | Subtotal. Multiply line 7a by line 7b. | \$ 252. | 00_ | Copy here=> | > \$ | 252.00 | |
| Peo | ple v | who are 65 years of age or older | | | | | | |
| | 7d. | Out-of-pocket health care allowance per person | \$ 1 | 49 | | | | |
| | 7e. | Number of people who are 65 or older | x 0 | | | | | |
| | 7f. | Subtotal. Multiply line 7d by line 7e. | \$ 0. | 00 | Copy here=> | > \$ | 0.00 | |
| | 7g. | Total. Add line 7c and line 7f | | \$ | 252.00 | Сору | total here=: | \$ |
| Loca | al St | andards You must use the IRS Local Standards to | answer the que | estions in | lines 8-15. | | | |
| | | n information from the IRS, the U.S. Trustee Prog tcy purposes into two parts: | ram has divide | d the IRS | Local Standard | d for housi | ng for | |
| ■н | lous | ing and utilities - Insurance and operating expens | ses | | | | | |
| ■ H | lous | ing and utilities - Mortgage or rent expenses | | | | | | |
| | arate Hou | rer the questions in lines 8-9, use the U.S. Trustee instructions for this form. This chart may also busing and utilities - Insurance and operating expense dollar amount listed for your county for insurance and operating expense of the country for insurance are supported in the coun | e available at the nses: Using the | ne bankru number | uptcy clerk's offi | ice. | • | specified in the |
| 9. | Hou | using and utilities - Mortgage or rent expenses: | | | | | _ | |
| | 9a. | Using the number of people you entered in line 5, fillisted for your county for mortgage or rent expenses | | nount | | \$ | 667.00 | |
| | 9b. | Total average monthly payment for all mortgages a | nd other debts s | ecured by | y your home. | | | |
| | | To calculate the total average monthly payment, accontractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60. | | | | | | |
| | | Name of the creditor | Average payment | monthly | | | | |
| | | -NONE- | \$ | | | | | |
| | | 9b. Total average monthly paymen | t \$ | 0.00 | Copy here=> | -\$ | 0.00 | Repeat this amount on line 33a. |
| | 9c. | Net mortgage or rent expense. | | | | | | |
| | | Subtract line 9b (total average monthly payment) fro or rent expense). If this number is less than \$0, ent | | gage | \$ | 667.00 | Copy here=> | \$667.00 |
| 10. | | ou claim that the U.S. Trustee Program's division ects the calculation of your monthly expenses, fill | | | | s incorrec | t and | \$ |
| | F۷ | rolain why: | | | | | | |

| Debtor 1 | EDGAR J. LOPEZ CORDERO |
|----------|------------------------|
| Debtor 2 | SUJELIZ ROSA FERNANDEZ |

Case number (if known)

| 11. | 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. | | | | | | | | |
|------|---|---------------------------|------------------------|------|---|------|--|--|--|
| | □ 0. Go to line 14. | | | | | | | | |
| | ■ 1. Go to line 12. | | | | | | | | |
| | 2 or more. Go to line 12. | | | | | | | | |
| 12. | 2. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the <i>Operating Costs</i> that apply for your Census region or metropolitan statistical area. \$ 302.00 | | | | | | | | |
| 13. | 3. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. | | | | | | | | |
| Ve | nicle 1 Describe Vehicle 1: | | | | | | | | |
| 13a. | Ownership or leasing costs using IRS Local Standard | | \$ | 0.00 | | | | | |
| | Average monthly payment for all debts secured by Vehicle 1. | | * | | | | | | |
| | Do not include costs for leased vehicles. | | | | | | | | |
| | To calculate the average monthly payment here and on line 1 are contractually due to each secured creditor in the 60 month bankruptcy. Then divide by 60. | | t | | | | | | |
| | Name of each creditor for Vehicle 1 | Average monthly payment | | | | | | | |
| | -NONE- | \$ | | | | | | | |
| | Total Average Monthly Payment | \$0.00 | Copy here => -\$ | 0 | Repeat this amount on line 33b. | | | | |
| 13c. | Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0, | enter \$0 | \$ | 0.00 | Copy net Vehicle 1 expense here => \$ _ | 0.00 | | | |
| Ve | nicle 2 Describe Vehicle 2: | | | | | | | | |
| 13d. | Ownership or leasing costs using IRS Local Standard | | \$ | 0.00 | | | | | |
| 13e. | Average monthly payment for all debts secured by Vehicle 2. leased vehicles. | Do not include costs for | | | | | | | |
| | Name of each creditor for Vehicle 2 | Average monthly payment | | | | | | | |
| | | \$ | | | | | | | |
| | Total average monthly payment | \$ | Copy here => -\$ | 0.00 | Repeat this amount on line 33c. | | | | |
| 13f. | Net Vehicle 2 ownership or lease expense | | | | Copy net | | | | |
| | Subtract line 13e from line 13d. if this number is less than \$0, | enter \$0 | \$ | 0.00 | Vehicle 2 expense here => \$ _ | 0.00 | | | |
| 14. | Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of w | | | | the \$ | 0.00 | | | |
| 15. | Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in who not claim more than the IRS Local Standard for <i>Public Transp</i> | hat you believe is the ap | | | | 0.00 | | | |

| Oth | er Necessary Expenses | In addition to the expense the following IRS categor | | s listed above, | you are allowed your monthly expe | enses for | |
|-----|--|---|---|-------------------------------------|--|-----------|----------|
| 16. | self-employment taxes, soc | cial security taxes, and Me owever, if you expect to re om the total monthly amou | dicare taxes ceive a tax | s. You may inc refund, you m | d local taxes, such as income taxes lude the monthly amount withheld fust divide the expected refund by 1 for taxes. | from | 377.34 |
| 17. | Involuntary deductions: To contributions, union dues, a | | eductions th | nat your job red | quires, such as retirement | | |
| | Do not include amounts that | at are not required by your | job, such a | s voluntary 40 | 1(k) contributions or payroll savings | s. \$ | 0.00 |
| 18. | Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. | | | | | | 0.00 |
| 19. | Court-ordered payments: administrative agency, such Do not include payments or | 35. \$ | 300.00 | | | | |
| 20. | Education: The total month | - | | | _ | | |
| _0. | as a condition for your jo | , , , , | | | | | |
| | | | ent child if r | no nublic educ | ation is available for similar services | s. \$ | 0.00 |
| 24 | | | | | | | |
| 21. | Do not include payments fo | | | - | itting, daycare, nursery, and presch | \$ | 0.00 |
| 22. | 2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. | | | | | | 0.00 |
| 23. | 3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. | | | | | | 0.00 |
| 24. | Add all of the expenses a Add lines 6 through 23. | llowed under the IRS exp | pense allov | wances. | | \$ | 4,291.34 |
| Add | itional Expense Deduction | These are additiona Note: Do not include | | | | | |
| 25. | | | | | ses. The monthly expenses for healy necessary for yourself, your spou | | |
| | Health insurance | | \$ | 11.48 | | | |
| | Disability insurance | | \$ | 0.00 | | | |
| | Health savings account | | + \$ | 0.00 | 7 | | |
| | Total | | \$ | 11.48 | Copy total here=> | \$ | 11.48 |
| | Do you actually spend this | | | | - | | |
| | Yes | | \$ | | | | |
| 26. | Continuing contributions continue to pay for the reas | onable and necessary car of your immediate family | d or family re and supp who is unat | ort of an elder ole to pay for s | e actual monthly expenses that you ly, chronically ill, or disabled memb uch expenses. These expenses ma 29A(b) | er of | 0.00 |
| 27. | | | | | nses that you incur to maintain the es Act or other federal laws that ap | ply. | |
| | By law, the court must keep | | | | ., | \$ | 0.00 |

| Ω | SUJELIZ ROSA FERNANDEZ | Case number | (if known) | | | |
|-------------------|--|--|------------|---------------------------------------|---------|---------|
| | Additional home energy costs. Your hom line 8. | e energy costs are included in your insurance and o | perating | expenses on | | |
| | If you believe that you have home energy on the fill in the excess amount of home er | osts that are more than the home energy costs include nergy costs | ded in ex | rpenses on line | е | |
| | You must give your case trustee document amount claimed is reasonable and necessa | ation of your actual expenses, and you must show th ary. | at the ac | lditional | \$ | 0 |
| | | Iren who are younger than 18. The monthly expense pendent children who are younger than 18 years old | | | | |
| | You must give your case trustee document claimed is reasonable and necessary and r | ation of your actual expenses, and you must explain not already accounted for in lines 6-23. | why the | amount | | |
| | * Subject to adjustment on 4/01/28, and eve | ery 3 years after that for cases begun on or after the | date of a | djustment. | \$ | 0 |
| | | he monthly amount by which your actual food and clop allowances in the IRS National Standards. That among in the IRS National Standards. | | | | |
| | | ional allowance, go online using the link specified in so be available at the bankruptcy clerk's office. | the sepa | rate | | |
| | You must show that the additional amount | claimed is reasonable and necessary. | | | \$ | 63 |
| | Continuing charitable contributions. The instruments to a religious or charitable orga | e amount that you will continue to contribute in the for inization. 11 U.S.C. § 548(d)(3) and (4). | m of cas | sh or financial | | |
| | Do not include any amount more than 15% | of your gross monthly income. | | | \$ | 0 |
| | Add all of the additional expense deduct Add lines 25 through 31. | tions. | | | \$ | 74.4 |
| edu | ctions for Debt Payment | | | | | |
| | or debts that are secured by an interest bans, and other secured debt, fill in lines | in property that you own, including home mortga 33a through 33e. | iges, vel | nicle | | |
| | o calculate the total average monthly paym reditor in the 60 months after you file for ba | ent, add all amounts that are contractually due to earnkruptcy. Then divide by 60. | ch secur | ed | | |
| | Mortgages on your home | | | | Average | monthly |
| За. | Copy line 9b here | | | => | \$ | 0.00 |
| | Loans on your first two vehicles | | | | · | |
| Bb. | Copy line 13b here | | | => | \$ | 0.00 |
| | | | | => | \$ | 0.00 |
| BC. | List other secured debts: | | | | | |
| | e of each creditor for other secured debt | Identify property that secures the debt | inc | es payment lude taxes nsurance? | | |
| 3c. 3d. ame | | | | | | |
| ßd. | | | | No | | |
| 3d. | -NONE- | | | No Yes | \$ | |
| 3d. | -NONE- | | | | \$ | |

0.00

□ No □ Yes

0.00

Copy total

here=>

\$

33e Total average monthly payment. Add lines 33a through 33d

| | debts that you listed in lin property necessary for yo | | | | e, | | | | | |
|--|---|---|------------|-------------------|-----|-------------------|-------------|------|------------|----------|
| ■ No. | Go to line 35. | | | | | | | | | |
| ☐ Yes. | State any amount that you listed in line 33, to keep po Next, divide by 60 and fill i | ossession of your property (| | | | | | | | |
| Name of the | creditor | Identify property that secu | ures the c | debt | To | otal cure amount | | | onthly cur | е |
| -NONE- | | | | \$ | 3 | | ÷ 60 = | | ount | |
| HOILE | | | | | _ | | | | | |
| | | | | | | 0.00 | Cop tota | | | |
| | | | | Total | \$ | 0.00 | here | => | \$ | 0.00 |
| are past | owe any priority claims - s due as of the filing date o | | | , | hat | | | | | |
| | Go to line 36. | | | | | | | | | |
| ☐ Yes. | Fill in the total amount of a ongoing priority claims, su | III of these priority claims. D ch as those you listed in line | | clude current or | | | | | | |
| | Total amount of all past- | lua ariaritu alaima | | | \$ | 0.00 | ÷ 6 | 0 | \$ | 0.00 |
| 36. Projecte | d monthly Chapter 13 plan | n payment | | | \$ | 465.00 | | | | |
| Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the | | | | | | | | | | |
| · | nstructions for this form. This lis | · | Dankrupicy | y cierk's office. | | 44.00 | Copy t | | | 44.00 |
| Average | monthly administrative expe | ense | | | | \$41.39 | here=> | > \$ | | 41.39 |
| 37. Add all | of the deductions for deb | t payment. Add lines 33e t | hrough 3 | 36. | | | | | \$ | 41.39 |
| Total Deduc | ctions from Income | | | | | | | | | |
| 38. Add all d | of the allowed deductions. | | | | | | | | | |
| | ne 24, All of the expenses a e allowances | llowed under IRS | \$_ | 4,291.3 | 4 | | | | | |
| Copy lir | ne 32, All of the additional e | xpense deductions | \$_ | 74.4 | 8_ | | | | | |
| Copy lir | ne 37, All of the deductions | for debt payment | +\$_ | 41.3 | 9_ | | | | | |
| Total de | eductions | | \$_ | 4,407.2 | 1 | Copy total here=> | | \$ | | 4,407.21 |

Debtor 1 EDGAR J. LOPEZ CORDERO SUJELIZ ROSA FERNANDEZ

Case number (if known)

| Part 2: | Det | ermine You | r Disposable Income Under 11 U.S. | .C. § 1325(b)(| 2) | | | | | |
|--|--------------------------------------|--|--|---|---|--------------------------|---|----------------|---------------|----------|
| | | | ent monthly income from line 14 of Current Monthly Income and Calcul | | | I | | \$ | | 3,798.32 |
| ch dis red | ildren. sability ceived | The monthl payments for in accordance | ly necessary income you receive for y average of any child support payme or a dependent child, reported in Part ce with applicable nonbankruptcy law nded for such child. | ents, foster ca l of Form 1220 | re payments, or C-1, that you | | \$0 | 0.00 | | |
| em in | nployer 11 U.S | withheld fro .C. § 541(b) | tirement deductions. The monthly to m wages as contributions for qualified (7) plus all required repayments of loats \$362(b)(19). | d retirement p | ans, as specifie | d | \$0 | 0.00 | | |
| 42. To | tal of a | all deductio | ns allowed under 11 U.S.C. § 707(b |)(2)(A). Copy | line 38 here= | => | \$4,407 | 7.21 | | |
| ex the | penses eir expe | and you ha enses. You r | al circumstances. If special circumst ve no reasonable alternative, describ nust give your case trustee a detailed ocumentation for the expenses. | e the special | circumstances a | nd | | | | |
| Descr | ibe the | special cir | cumstances | | Amount of exp | ens | е | | | |
| | | | | \$ | | | | | | |
| | | | | | | | _ | | | |
| | | | | | | | | | | |
| | | | | | | $\overline{}$ | | | | |
| | | | | Total \$ | 0.00 | | Copy nere=> \$ | 0.0 | 00 | |
| | | | | | | | | | | |
| 44. To | otal adj | ustments. / | Add lines 40 through 43. | | => | \$_ | 4,407.21 | Copy here=> | - \$ | 4,407.21 |
| 45. C a | alculate | your mont | thly disposable income under § 132 | 25(b)(2). Subt | ract line 44 from | line | 39. | \$ | | 608.89 |
| Part 3: | Cha | ange in Inco | ome or Expenses | | | | | | | |
| ha tim yo | ve cha ne your u filed : | nged or are case will be your petition | r expenses. If the income in Form 12 virtually certain to change after the date open, fill in the information below. For the check 122C-1 in the first column, en when the increase occurred, and fill | ate you filed your example, if the terminate in the termine 2 in the 2 in the termine 2 in the 2 in the 2 in the termine 2 in the | our bankruptcy p the wages report e second columi | etitio ted i n, ex | on and during the ncreased after | | | |
| Form | | Line | Reason for change | | Date of change | е | Increase or decrease? | Amou | unt of change | |
| ☐ 122 ☐ 122 ☐ 122 ☐ 122 ☐ 122 ☐ 122 | 2C-2 2C-1 2C-2 2C-1 2C-2 | | | | | | ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease | \$ _ \$ _ | | _ |
| ☐ 122 ☐ 122 | | | | | | | ☐ Increase ☐ Decrease | \$_ | | _ |

| Debtor 1 Debtor 2 | SUJELIZ ROSA FERNANDEZ | Case number (if known) |
|----------------------|---|--|
| | | |
| | • | |
| Part 4: | Sign Below | |
| [| By signing here, under penalty of perjury you declare | e that the information on this statement and in any attachments is true and correct. |
| Х | /s/ EDGAR J. LOPEZ CORDERO | χ /s/ SUJELIZ ROSA FERNANDEZ |
| | EDGAR J. LOPEZ CORDERO Signature of Debtor 1 | SUJELIZ ROSA FERNANDEZ Signature of Debtor 2 |
| Date | June 30, 2025 MM / DD / YYYY | Date June 30, 2025 MM / DD / YYYY |

EDGAR J. LOPEZ CORDERO

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation | |
|------------|--------------------|--|
| \$245 | filing fee | |
| \$78 | administrative fee | |
| + \$15 | trustee surcharge | |
| \$338 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$278 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$313 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court District of Puerto Rico

| In re | EDGAR J. LOPEZ CORDERO SUJELIZ ROSA FERNANDEZ | | Case No. | |
|-------|--|-----------|----------|----|
| | | Debtor(s) | Chapter | 13 |

| | DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S) | | | | | | | |
|----|---|--|--|--|--|--|--|--|
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | | | | |
| | □ FLAT FEE | | | | | | | |
| | For legal services, I have agreed to accept \$ | | | | | | | |
| | Prior to the filing of this statement I have received \$ | | | | | | | |
| | Balance Due \$ | | | | | | | |
| | RETAINER | | | | | | | |
| | For legal services, I have agreed to accept and received a retainer of \$\$ | | | | | | | |
| | The undersigned shall bill against the retainer at an hourly rate of \$ 417.00 [Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer. | | | | | | | |
| 2. | \$313.00 of the filing fee has been paid. | | | | | | | |
| 3. | The source of the compensation paid to me was: | | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | | |
| 4. | The source of compensation to be paid to me is: | | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | | |
| 5. | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm | | | | | | | |
| | ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. | | | | | | | |
| 6. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | | | |
| | a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. [Other provisions as needed] The fee agreement between Angel M. Egozcue, Esq. and debtor(s) provides for fees to be billed at the standard rate of \$417.00 per hour for services performed. However, matters attended by paralegal staff will be charged as the rate \$125.00 per hour. If the services of associate attorneys are required, their services will be charged at a normal rate of \$417.00. Expenses will be charged at their cost/price. This disclosure should be construed in harmony with 11 U.S.C.&330(a)(4)(B), and Local Rules | | | | | | | |
| 7. | By agreement with the debtor(s), the above-disclosed fee does not include the following service: This agreement is limited to Bankruptcy work only. This agreement does not | | | | | | | |

contemplate any work in local state court, administrative court or any other forum other than the bankruptcy court. Adversary proceeding and appeals are also outside the scope of agreement with client(s)

| EDGAR J. LOPE | EZ CORDERO |
|---------------|------------------|
| SUJELIZ ROSA | FERNANDEZ |

In re

Debtor(s)

| Case No. |
|----------|
|----------|

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

| | CERTIFICATION |
|---|--|
| I certify that the foregoing is a complete sthis bankruptcy proceeding. | statement of any agreement or arrangement for payment to me for representation of the debtor(s) in |
| June 30, 2025 | /s/ CPA ANGEL M. EGOZCUE, ESQ. |
| Date | CPA ANGEL M. EGOZCUE, ESQ. |
| | Signature of Attorney |
| | USDC-PR 205608 |
| | PO BOX 366087 |
| | SAN JUAN, PR 00936 |
| | (787)781-5635 Fax: (787)793-8935 |
| | angelegozcue@yahoo.com |
| | Name of law firm |

United States Bankruptcy Court District of Puerto Rico

EDGAR J. LOPEZ CORDERO

| in re | SUJELIZ ROSA FERNANDEZ | | Case No. | |
|--------|---------------------------------|---|--------------------|---------------------|
| | | Debtor(s) | Chapter | 13 |
| | VERIFICATION OF CREDITOR MATRIX | | | |
| Гhe ab | ove-named Debtors hereby verif | by that the attached list of creditors is true and co | orrect to the best | of their knowledge. |
| Date: | June 30, 2025 | /s/ EDGAR J. LOPEZ CORDER EDGAR J. LOPEZ CORDERO | 0 | |
| | | Signature of Debtor | | |
| Date: | June 30, 2025 | /s/ SUJELIZ ROSA FERNANDE | Z | |
| | | SUJELIZ ROSA FERNANDEZ | | |

Signature of Debtor

EDGAR J. LOPEZ CORDERO 10 CALLE ALONDRA 62 SAN LORENZO, PR 00754 MONEY EXPRESS PO BOX 11890 SAN JUAN, PR 00922

SUJELIZ ROSA FERNANDEZ 10 CALLE ALONDRA 62 SAN LORENZO, PR 00754

ORIENTAL BANK PO BOX 195115 SAN JUAN, PR 00919

CPA ANGEL M. EGOZCUE, ESQ. USDC-PR 205608 PO BOX 366087 SAN JUAN, PR 00936

APPLE CARD- GS BANK USA LOCK BOX 6112 PO BOX 7247 PHILADELPHIA, PA 19170

CAPITAL ONE PO BOX 71087 CHARLOTTE, NC 28272

DISCOVER PO BOX 6103 CAROL STREAM, IL 60197

ED FINANCIAL/ESA 120 N. SEVEN OAKS DR KNOXVILLE, TN 37922

FIRSTBANK 1519 AVE. PONCE DE LEON SAN JUAN, PR 00908

FREEDOMROAD FINANCIAL 1515 W 22ND ST., SUITE 100W OAK BROOK, IL 60523